GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

A REVIEW COVERING A RESUME OF THE PROBLEMS, ACCOMPLISHMENTS AND FUTURE PROGRAMS OF THE PUBLIC HEALTH AND WELFARE SECTION AMONG THE JAPANESE POPULATION IN FURTHERING THE OBJECTIVES OF THE SUPREME COMMANDER

FOR THE PERIOD AUGUST 1945 - AUGUST 1947

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SECTION I

PUBLIC HEALTH AND WELFARE SECTION - ORGANIZATION AND MISSION

1. The Public Health and Welfare Section was established by General Order No. 7, General Headquarters, Supreme Commander for the Allied Powers, dated 2 October 1945. It charged Public Health and Welfare with the responsibility for both Japan and Korea, of preventing widespread diseases and unrest in the civil populations. The Section was made responsible for the establishment or reestablishment of normal health control procedures and with expediting the establishment of essential public health and welfare activities. It was also charged with requiring the agencies of the Japanese Government to establish such standards of health, sanitation and quarantine in connection with repatriation of displaced persons as will prevent interference with the success of the occupation mission. Public Health and Welfare Section is required to coordinate for SCAP, all essential reports pertaining to health and welfare on the production and distribution of medical, dental, veterinary and sanitary supplies and equipment. The Section is responsible for the disposal of existing narcotic stocks and for the control of production and traffic therein, in Japan and Korea.

2. Recommending and directing the conduct of such surveys of public health and welfare activities as are essential to keep the Supreme Commander factually informed and the preparation and instructions for the initiation, coordination and development of such plans and programs as are required to meet the public health and welfare objectives is a further responsibility of Public Health and Welfare Section.

3. The Section is organized into 12 divisions and 22 branches (See Inclosure No.1), which cover all of the activities of the Ministry of Welfare, Japanese Government, with the exception of the Bureaus of Labor and Labor Administration (See Inclosure No. 2). Legislation is currently before the Diet to transfer the two above-mentioned bureaus to the new Ministry of Labor, thereby the Ministry of Welfare remains solely responsible for public health and welfare programs.

SECTION II

THE MINISTRY OF WELFARE - ORGANIZATION AND ADMINISTRATION

BACKGROUND

4. The Ministry of Welfare, Japanese Government, was established in 1938. At the beginning of the occupation it was quickly determined this Ministry was not sufficiently strong or organized to enforce adequate public health and welfare requirements. Many of the activities generally associated with public health and welfare were the responsibility of other ministries in the government. There was no standardized national administrative organization; each prefecture establishing its own organization to meet its own requirements. Japanese police generally supervised what sanitation existed and, to a large extent, were responsible for checking on the meager immunization programs that were attempted. The Ministry had no control over such problems as manufacture and distribution of medical supplies and equipment, uniformity of nursing educational requirements, the reporting of vital statistics and communicable diseases.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

The Ministry of Welfare

5. To permit the Ministry of Welfare to assume its proper place in the Japanese Government with sufficient authority and responsibility to carry out necessary public health and welfare objectives, SCAPIN 945, dated 11 May 1946, directed the Japanese Government to immediately reorganize the administration of health and welfare activities by establishing the following bureaus:

a. Bureau of Health - to be responsible for public health, health education, vital statistics and nutritional activities.

b. Bureau of Medical Treatment - to be responsible for administration of hospitals, sanatoria, medical affairs, medical relief programs, pharmaceutical affairs, drug production and pharmaceutical standardization.

c. Bureau of Preveventive Medicine - to be responsible for sanitary engineering, communicable and chronic infectious diseases.

d. Bureau of Social Affairs - to be responsible for public assistance, public welfare and the procurement and dispostion of materials necessary to implement such functions.

6. The Ministry of Welfare now exercises sole responsibility for the production and distribution of all pharmaceutical supplies and equipment, including the control of narcotics.

Prefectures

7. The Japanese Government was further directed by SCAPIN 945 to establish in each prefecture a Bureau of Health and a Bureau of Welfare, whose functions will include those as outlined in the ministerial bureaus and to act as the operating agency for prefectural public health and welfare activities.

8. Under the supervision of the Prefectural Welfare Bureaus, an organization of social welfare workers was established to administer provisions of the welfare programs.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

The Ministry of Welfare

9. In further reorganizing the Ministry of Welfare, a Children's Bureau

has now been established, which is responsible for child problems, including maternal and infant care.

10. The problem of vital and morbidity statistics, which in the past has been the responsibility of the Cabinet Bureau of Statistics, will, on 1 September 1947, become the responsibility of the Public Health Statistics Section, Bureau of Public Health, Ministry of Welfare.

11. The activities of the Labor Bureau and Labor Administration Bureau, found in the Ministry of Welfare, do not belong in such a Ministry, according to modern concepts of health and welfare functions. Therefore, since the beginning of the occupation, steps have been taken to establish a separate Ministry of Labor. Satisfactory legislation was submitted to the Diet in August 1947, establishing the Ministry of Labor and freeing the Ministry of Welfare from labor functions. As now constituted, the Ministry of Welfare provides for a logical grouping of the basic functions essential to an adequate health and welfare program. They are; the preventive aspects of public health, medical care, social welfare and social security.

Prefectures

12. Having completed reorganization of the Ministry and of the prefectures, a further step was taken in May 1946 to provide for the reorganization of nation-wide Health Centers, not only to include the 12 basic services considered essential, but to make these Health Centers the basic administrative units in the entire national public health and welfare establishment.

FUTURE PROGRAMS

13. The framework for adequate administration of health and welfare activities has now been established from the lowest unit to the national level. The problem of the future is to provide adequately trained personnel, which involved several hundred thousand professional people of all categories in the fields of health and welfare. They must be furnished guidance and assistance in developing sound procedures for all levels of the national organization. This is a task requiring many years of training.

SECTION III

LEGAL CONSULTANT

14. In the past year a number of laws were proposed to the Japanese Government for enactment. Some of these laws were in conjunction with the programs of other divisions in the Public Health and Welfare Section and initiated by the Legal Consultant. Those programs initiated by the Legal Consultant will be treated fully. Those programs which were carried out in conjunction with other divisions are briefly mentioned below to avoid duplication.

a. Legislation providing for the National Licensure of Nurses was enacted, and minimum standards of education and training were prescribed.

b. Health Center Law has been enacted providing for the establishment of various health services in Health Centers to be located in all cities throughout Japan.

c. Disaster Relief Law was passed establishing a National Disaster Relief Planning Board to provide assistance to local governments in times of disaster.

d. Legislation providing for the dissolution of the undemocratic Japan Medical Association and Japan Dental Association is pending before the Diet and will be enacted before the end of September 1947. In this same piece of legislation the Japan Medical Treatment Corporation, which controls over eight hundred hospitals, will be dissolved, with provision that many of the hospitals will be purchased by the Ministry of Welfare for use as sanatoria.

e. A National Immunization Law is now in the process of being formulated. A draft has been submitted by the Ministry of Welfare which provides for compulsory immunization against smallpox, diphtheria, and such other diseases as may be designated by the Minister of Welfare in times of epidemics or of threatened epidemics.

f. A draft for extensive revision of the Pharmaceutical Law has been submitted by the Ministry of Welfare. When approved, the Law will provide adequate safeguards for consumers of drugs by prohibiting adulteration, false advertising, and inadequate packaging and labeling.

g. Necessary action is being taken to allow Japanese publishers to print medical text books and other medical literature currently disallowed by existing regulations.

Poisoned Beverage Control

BACKGROUND

15. At the time of the entry of American troops into Japan the Japanese law prohibited the use of methyl alcohol and other poisons in beverages. The penalties provided, however, were not sufficiently severe to be an effective deterrant. As a result, the market was flooded with whisky and other drinks containing a dangerous concentration of methyl alcohol, which caused many deaths among the Japanese population and of American personnel.

ACCOMPLISHMENTS

16. Memorandum for the Japanese Government, AG 435 (18 December 1945)PH, was issued. This Memorandum was superseded by AG 435 (9 April 1946)PH which directs that the possession, sale, or trading in of foods or beverages containing methyl alcohol in excess of 1 mg per cc is prohibited. A penalty of imprisonment for three to fifteen years or a fine of ¥ 2,000 to ¥ 10,000, or both, is provided. It also provides that foods or beverages which have a

methyl alcohol content of more than 0.2 mg per cc, but less than 1.0 mg per cc, should be clearly labeled in both Japanese and English.

17. Japanese legislation suitably implementing the provisions of the Memorandum has been enacted. Many violators have been punished in the Japanese courts as well as in the Provost courts. Rigorous enforcement policy is being pursued, and close attention to the action of the Japanese courts is given by the Legal Consultant.

18. A system of examining all liquor manufactured in Japan has been devised and has been effectively functioning for the past eighteen months. Japanese technicians were trained in the technique of testing for methyl alcohol, and these have in turn taught the process to other Japanese technicians. Laboratories have been set up throughout Japan to test all whisky, sake, beer and wine manufactured.

Research in, and Interpretation of, the Law on Questions of Public Health, Welfare and Related Subjects

19. Translations of the Japanese law on the following subjects have been secured and analyzed: Prostitution; Foods; Drugs; Associations; Public and Private Relief; certain provisions of the Civil and Criminal Code; Narcotics; Medical Treatment; Social Insurance; Civil Service; Regulations pertaining to Physicians, Dentists and Veterinary practitioners; and other laws in which members of the Section are interested.

Budgetary Provisions for Financing Activities of Agencies Within the Japanese Governmental Framework in Which the Public Health and Welfare Section is Interested or Concerned

20. The Ministry of Welfare submits the budget for financing its activities to this section for inspection and approval. In many instances it has been discovered that insufficient funds were provided to pursue directed or desired programs. These instances were taken up with the Ministry of Finance and satisfactorily settled. The following instances are mentioned: Operating of Health Centers; Reconstruction of Health Centers, Narcotic Control; Hygienic Laboratories; Subsidies to Ken Governments for Immunization and Control of Communicable Diseases other than Venereal; Nutrition; etc.

Medical Examiner System

21. Immediately after the beginning of the occupation many cadavers were being found in the streets, railway stations, temples and parks. Newspapers attributed their deaths to starvation. Inasmuch as it was considered necessary to have exact knowledge of the cause of death, the Japanese were directed to pass adequate legislation to provide for performance of autopsies, by Memorandum to Japanese Government (Public Health Memorandum to the Japanese Government No. 2) dated 12 December 1946. At the same time it was directed that the heads of recognized medical schools, upon demand, be given possession of unclaimed cadavers for use in advancing medical knowledge. Medical schools were prohibited by law from using cadavers in teaching medicine to their students. Prior to the passage of the Medical Examiner Law, medical schools had been using them surreptitiously, but with the enactment of the new law their activities in this regard no longer subjected them to prosecution for violating the law.

PREVENTIVE MEDICINE DIVISION

MISSION

22. This Division exercises supervision and advises on policies, procedures and plans as may be required for the prevention or control of diseases or epidemics among civilians. Obtains, completes and evaluates data

pertaining to communicable diseases among civilians, advises and formulates plans, procedures and directions for effective control, among which are venereal diseases, smallpox, cholera, typhus, Japanese B. Encephalitis and others. Prepares advice concerning biologicals and other supply requirements for current and future matters in the control of communicable diseases. Establishes plans and procedures of approved policy for the guidance of lower military echelons and Japanese agencies of national, regional and prefectural levels. Recommends and supervises on sanitation problems, conditions and procedures for preventing the spread of contagious diseases, and advises on the employment of special sanitary measures for the protection of the civilian population. Investigates methods for water purification, disposal of sewage and refuse and insect and fly control. Observes and recommends on laboratory tests, equipment needed, and procedures to be instituted to improve sanitary conditions. Renders technical advice on the installation and maintenance of adequate water and sewage systems.

Communicable Diseases

BACKGROUND

23. Before the war, standards of sanitation and public health practices in Japan were, in most respects, far below those of modern nations. Such standards as had been maintained prior to World War II had deteriorated, general sanitation and all disease prevention and control programs were in a chaotic state. Public water and sewage systems, which existed only in the leading cities, had been severely damaged as a result of bombings, and those that escaped damage had been allowed to deteriorate due to the diversion of labor and materials to the war effort. These conditions were climaxed by the capitulation which resulted, at least temporarily, in disruption of all medical care, disease prevention and sanitary activities.

24. Statistical information on communicable diseases was not readily available at the beginning of the occupation although diphtheria, dysentery, typhoid, paratyphoid, smallpox, typhus fever, cholera, scarlet fever, epidemic meningitis and plague had been reported since 1880. The reports consisted of a ten-day report and a monthly report from each prefecture. This information was not published monthly, however, but was published annually until 1942.

25. During the war, vaccination programs against such diseases as smallpox were either completely discontinued or were not enforced, leaving the nation ripe for epidemics of preventable diseases. Environmental sanitation was neglected before the war and as a result of deterioration during the war, was virtually non-existent at time of entrance of the occupation forces. This resulted in conditions which made the wholesale spread of diarrhea, dysentery, typhoid and other enteric diseases probable.

26. Quarantine barriers against the importation of quarantinable diseases such as typhus fever, smallpox and cholera, which before the war had been fairly adequate, had ceased to exist during the latter part of the conflict. This, together with the disruption of normal functions as a result of the capitulation, increased the threat of importation of communicable diseases with the beginning of the repatriation program which was scheduled to start shortly after the arrival of the occupation forces.

27. Diphtheria was extremely prevalent and consistently increased each year since 1937. In 1937 there were approximately 28,000 cases reported and in 1944, 92,000 cases were reported. The Japanese had never used toxoid for prophylactic immunization.

28. Reports indicate that typhus fever has always been present in Japan and that it had been gradually increasing each year since 1940. The economic status of the people was conducive to the spread of this license. The Japanese had no organized control programs, they did not have suitable personnel, insecticides or equipment.

29. There has been no cholera or plague reported in Japan for many years.

30. Licensed prostitution was legal. It flourished both in brothels and on the streets, so the opportunity for the spread of venereal diseases was practically unlimited. Venereal diseases were primarily considered as diseases of prostitutes and for this reason they were never a cause for concern, either by the Japanese physicians or the general public. Health authorities did not recognize venereal diseases as a public health problem, consequently, control measures had not been attempted.

31. Tuberculosis was extremely prevalent among the general population but had never been a reportable disease and for this reason the extent of the problem could not be ascertained immediately.

32. The dysenteries, typhoid and other enteric diseases were very prevalent. No control measures were in effect.

33. In general, the machinery for the control of communicable diseases was virtually non-existent on the arrival of the occupation forces. These controls were reestablished by SCAP.

34. Japan had an adequate number of doctors; however, a great many were doctors in name only as they were extremely ill-trained and ill-equipped. The medical educational system was inferior, with many sub-standard schools. Public health was not being taught. Although there were approximately 60 - 70 doctors who had received public health training either in the United States, England or Germany, these people were scattered and were not practicing public health. Such practices were virtually non-existent, both among the medical personnel and among the general population. There were in existence a fairly adequate number of hospitals, diagnostic laboratories, biologic laboratories and health centers throughout Japan. Most of them were in a deteriorated condition, the personnel, in most instances, of doubtful quality; medical equipment and drugs were deficient both in quality and quantity. Food and fuel were also in short supply. As a result of these conditions satisfactory isolation and treatment could not be carried out; in fact, little or no attempts were being made to isolate and treat cases of communicable diseases.

35. There was in existence an institution, known as the Institute of Public Health, under the jurisdiction of the Ministry of Welfare, but which was not active. The Rockefeller Foundation had contributed a magnificent building and equipment for the purpose of teaching public health. This building was finished in 1939, but little formal public health training had ever been conducted in the institution, and in 1943 the Ministry of Welfare occupied the building and remained there throughout the balance of the war.

Communicable Disease Reporting

ACCOMPLISHMENTS

36. To determine the progress of health control programs, an accurate communicable disease reporting system was necessary. SCAP directed the Japanese Government (SCAPIN 48) to inaugurate weekly reports of communicable diseases by prefectures. At first only the ten diseases previously mentioned were reported. Subsequent directives resulted in the reporting of chancroid, gonorrhea and syphilis beginning in November 1945 and Japanese B. Encephalitis and malaria beginning 8 June 1946. Whooping cough, tuberculosis, pneumonia, influenza, anthrax, glanders, leprosy, puerperal infection, rabies, tetanus, trachoma, yellow fever were made reportable in January 1947. Poliomyelitis was made reportable in August 1947.

Smallpox

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

37. Smallpox was the one disease for which a fairly adequate law existed

for its control. However, enforcement of this law had not been carried out in recent years and as a result, a large portion of the population was found to be non-immune. Smallpox had been steadily increasing since 1940 and by December 1945 the rate was increasing very rapidly. The need for vigorous control measures was recognized in the early weeks of the occupation. Smallpox vaccine was not immediately available and there were many problems to be solved before adequate amounts of satisfactory vaccine could be manufactured. In the meantime specific steps were taken to control local outbreaks, but these measures were not sufficient to prevent the epidemic which was already in progress. The epidemic developed rapidly beginning in December 1945 and reached its peak in March 1946 when a total of 6,304 cases were reported for that month alone. Vaccine was produced and utilized as rapidly as possible. The epidemic was brought under control during the spring and early summer of 1946, but not until more than 17,000 cases had occurred among the civilian population. Although smallpox occurred in every prefecture in Japan, most of the cases were in the prefectures of Hokkaido, Tokyo, Kyoto, Osaka and Hyogo. A large scale immunization program was carried out during the early spring and summer of 1946. The entire 78,000,000 people in Japan were vaccinated. This was one of the largest mass immunization programs ever accomplished and the dramatic results obtained in the control of smallpox represents the effectiveness of immunization in rapidly bringing under control one of the most dreaded of communicable diseases. (See Inclosure No. 3).

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

38. The mass immunization program conducted during the spring of 1946 has practically eliminated smallpox as a major public health problem although a small number of cases have occurred during the second year of the occupation. Most cases have been sporadic and only in a few instances have there been more than one or two cases in an area. Control practice has been to immunize the entire village or town, when a case of smallpox occurs. In this way large outbreaks have been entirely prevented. In addition to focal immunizations mentioned above, the routine immunization program for infants and children has been carried out in conformance with existing laws.

FUTURE PROGRAMS

39. The entire population of Japan is now sufficiently immunized that smallpox is no longer a major public health problem. Future programs will consist of focal immunizations wherever cases occur; routine immunization of infants and young children when they reach immunization age and reimmunization of children at age 10, in conformity with existing laws. Consideration is being given to amending the present law to provide for reimmunization of children before entrance to school.

Typhus Fever

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

40. Typhus fever has been endemic in Japan for many years, dating back to the last century. Unfortunately, in case reporting no distinction was made between epidemic and murine typhus. In the immediate five-year period prior to 1946, typhus was reported as follows: 1941 - 81 cases, 1942 - 100 cases, 1943 - 1,414 cases, 1944 - 3,964 cases, 1945 - 2,392 cases. The typhus was concentrated mostly in Hokkaido, The Japanese state it had been imported by the Korean slave laborers. From 1 January 1945 to 1 September 1945, 1,882 cases were reported, of which 1,085 were reported from Hokkaido.

41. The presence of typhus in Hokkaido was confirmed in October 1945. Control measures were immediately instituted in an effort to prevent an epidemic. Measures were taken to prevent the transfer of typhus across the Tsugaru Straits into Honshu, but this action came too late to completely forestall the spread from Hokkaido. Due to the uncontrolled movement of Koreans throughout Japan endeavoring to return to Korea between 15 August and the arrival of the occupation forces, the disease spread throughout Japan.

Typhus appeared in Osaka in December 1945 and soon reached epidemic proportions. The epidemic rapidly spread to Kobe, Nagoya, Tokyo and vicinities, where the majority of the cases occurred. Approximately 32,000 cases were reported between 1 January and 1 July 1946. Typhus vaccine, DDT and other control supplies were not available from indigenous sources and these supplies had to be imported from the United States. An extensive and comprehensive control program was inaugurated beginning in January 1946. This program was, at first, severely handicapped due to the shortage of control supplies and the inadequacy of trained public health officials among the Japanese. Despite all these handicaps, the program was vigorously pursued, dramatic results were obtained and the disease was brought under control quickly. The peak was reached in March 1946 instead of May, the peak month in previous years. A total of 32,435 cases were reported in Japan between 1 September 1945 and 31 August 1946. (See Inclosure No. 4).

42. Case finding teams, vaccinating teams, dusting teams and insect and rodent control teams, played a very important part in the typhus control program. Approximately 17,000,000 people were dusted with DDT and 5,300,000 vaccinated during the first year of the occupation. Education of the public through the radio, press, pamphlets, posters and other media was extensively used with remarkable success.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

43. The typhus control program, which proved so successful in the 1946 campaign was continued, expanded and improved during the second year. This program has been most effectively carried out by the Japanese under SCAP supervision. During the second occupation year there have been approximately 1,600 cases of typhus reported as compared to 32,435 during the first occupation year. There have been no large outbreaks during the current year. A large portion of the typhus vaccine and DDT has been imported from the United States. Minimum standards for typhus vaccine have been provided. The Japanese have been instructed in the preparation of the vaccine, have produced considerable quantities and are now able to meet future requirements. During the second occupational year approximately 4,231,000 people were dusted with DDT and 3,592,700 people were immunized in addition to large numbers of school children who were dusted with DDT in order to control head lice.

FUTURE PROGRAMS

44. The typhus control program, as carried out during the second occupational year, will be continued and expanded. Large scale immunization programs will be carried out in endemic areas with the ultimate view of eradicating the disease from Japan. The Japanese began an experiment in January 1947 in an effort to determine whether or not epidemic and murine typhus might not be one and the same disease. The results obtained, while not yet conclusive, will evidently prove a great contribution to medical science and this work will be continued during the new year. The Japanese are also currently testing the efficacy of a new vaccine against scrub typhus (mite-borne typhus). This experimental work will be continued.

Diphtheria

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

45. An investigation was made of the diphtheria problem in Japan early in the occupation. It was learned that diphtheria has been prevalent in Japan at least since 1920. Records show that the rate had increased each year since 1937, when approximately 28,000 cases were reported. In 1944, approximately 92,000 cases were reported. While the Japanese had produced diphtheria antitoxin it was used only for treatment and in some cases passive immunization, but they had never used toxoid for active immunization. As a result of these circumstances, the disease was primarily a children's disease and 70% of the cases and 90% of the deaths occurred in children ten years of age and under.

For the seven years preceeding 1946 there had always been a peak during the month of November. The necessity for a nation-wide immunization program for the children was recognized but the nonavailability of toxoid and the inability to produce or procure toxoid made it impossible to immunize all of the children during the winter season of 1945 and 1946. The Japanese were given the technique for the preparation of toxoid and were directed to prepare sufficient amount to immunize the nation's 18,000,000 children, ten years of age and under. In the interim, reporting was reestablished and preventive measures such as isolation, quarantine and focal immunizations, were carried out. During the first occupational year the number of cases was reduced to approximately 66,000. (See Inclosure No. 5).

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

46. Sufficient diphtheria toxoid had been prepared during the spring and summer of 1946 to immunize 18,000,000 children. Plans had been made for a nation-wide immunization program which got underway in September 1946. Approximately 16,000,000 children were immunized, but the administration of the program had many defects, many of the children did not receive the complete course or the required amount of vaccine; nevertheless, the number of cases during the second occupation year was reduced to approximately 36,000 as compared with approximately 66,000 during the first occupational year. This represents a 46% reduction in the diphtheria rate during this period.

FUTURE PROGRAMS

47. The incidence of diphtheria has been reduced approximately 63% since the beginning of the occupation. The entire diphtheria problem has been studied and reevaluated. Although good results have been obtained thus far, the incidence of diphtheria is still much too high. Plans have been made for another nation-wide immunization program. Immunization will be started in September 1947 and will be completed within three months from that date. All children between nine months and 24 months of age who have not been immunized previously will receive three doses of the toxoid. All other children between two and 10 years of age will receive one dose of toxoid. The toxoid used in the first national immunization program was not assayed. Minimum standards have been adopted and future toxoid will be assayed. A compulsory immunization law is being drafted in which immunization against diphtheria will be compulsory. When this is placed in effect, all children will be immunized during infancy and will be reimmunized at specific periods during childhood.

Cholera

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

48. There was no cholera in Japan at the beginning of the occupation and reports indicate there had been little or no cholera in Japan for many years. With the advent of the repatriation program, in the spring of 1946, cholera did appear on repatriation ships from China. Stringent quarantine control measures were very effective and no cholera entered Japan from this source. In April 1946, two cases of cholera occurred. Following this, isolated outbreaks occurred mainly along the west coast of Honshu and Kyushu. These outbreaks were traced to illicit shipping and smuggling from Korea where an epidemic was in progress. The total number of cases during 1946 was 1,229, most of which occurred during the months of July and August. Up to 31 August, the end of the fist occupational year, there had been 990 cases reported. From this date on, the cases declined rapidly. Only 230 cases occurred during the remaining portion of 1946.

49. The importance of controlling cholera was recognized. Stringent control measures consisting of isolation, quarantine, disinfection and focal immunizations were carried out in all areas where cholera occurred. These measures were initiated promptly and proved very effective in preventing large scale epidemics. Large areas of the population were immunized

(34,500,000) wherever cases occurred, particularly in seaport cities.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

50. The cholera situation showed marked improvement at the beginning of the second occupational year; only 206 cases occurring during the month of September. Since then only sporadic cases have been reported; the last occurred in December 1946. During the current season no cases have been reported. Ample supplies of vaccine are on hand for emergency purposes. Quarantine staffs, Military Government Health Officers and prefectural health officers have been repeatedly cautioned to keep a close watch for cholera suspects.

FUTURE PROGRAMS

51. Cholera has been eradicated from Japan. In the future a careful watch will be kept for the appearance of cholera in all areas and especially on ships and at ports of entry. No mass immunization or other active programs are indicated in the absence of reported cases.

Dysentery

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

52. Dysentery has always been prevalent in Japan. This is a filth disease which cannot be eliminated or even satisfactorily controlled until the standards of living and unsanitary customs and practices are improved. Unfortunately medical science has not yet provided a satisfactory immunizing vaccine, serum or drug, capable of controlling this disease. For control, we must rely chiefly upon the education of the people in the matter of sanitation, through personal hygiene, improvement of water supplies, waste disposal and control of flies. The incidence of dysentery has always been extremely high with marked seasonal fluctuations during the year. The peak is always reached during the summer months of August and September and the low point is always in January or February. For the past seven years the rates in August and September have ranged from 200 to 400/100,000/annum while the low point in January or February ranged from 3 to 15/100,000/annum. Annual incidence rates have ranged from approximately 70/100,000/annum to 105/100,000/annum. Morbidity and mortality rates parallel each other very closely.

53. The poor economic status of the people plus the lack of sanitary conditions as a result of the war and immediate post-war period, resulted in an actual increased incidence of this disease. Every effort has been made by SCAP to improve environmental sanitation, water supplies, waste disposal and to control insects and rodents. Comprehensive educational campaigns through the press, radio, posters, schools and social organizations have been fostered. Progress in this field requires much time and effort. While these measures did not materially effect the incidence rate during the first occupational year observations indicate that sanitary conditions were beginning to improve and that reduction in incidence rates of disease could be expected to follow. Sulfonamides for the treatment of dysentery were made available to physicians, material and sanitation supplies for sanitary programs were provided. Training programs for Japanese health personnel were inaugurated and continually expanded and improved.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

54. Programs for the improvement of environmental sanitation, water supplies, waste disposal, insect and rodent control and education of the health personnel and the public in these programs were continued and expanded during the second occupational year. A large number of additional sanitary teams were organized and operated throughout Japan. These have been used to control insects and rodents and improve environmental sanitation. They have contributed immeasurably to the improvement and the control of filth-borne diseases. While no dramatic reduction in the incidence of dysentery was noted during the

beginning of the second occupational year the latter half of the year shows a very marked reduction in the incidence of the disease as a result of the control measures taken. (See Inclosure No. 6).

FUTURE PROGRAMS

55. Plans for future programs are based upon environmental sanitation, improvement of water supplies, waste disposal and education of the health authorities and the public. They include the establishment of a sanitary engineers' course in the four existing engineering colleges; refresher courses for water works operators, continuation and improvement of sanitary control teams, refresher courses for public health officers and such other steps as may be deemed necessary under the existing circumstances.

Typhoid and Para-Typhoid Fevers

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

56. Typhoid has always been prevalent in Japan. This, too, is a filth disease. It is prevalent throughout the year with its peak in July and August, its low point in January or February. Incidence rates between 1941 and 1946 have varied from 56 to 112/100,000/annum while the mortality rates varied from 8.5 to 13/100,000/annum. The highest incidence during the past seven years occurred during August, September and October 1945. This was due to the destruction and disruption of normal sanitary facilities during the latter days of the war. During the first year of the occupation there were reported approximately 65,000 cases of typhoid and 11,500 cases of paratyphoid fever. These figures represent a significant increase over the previous 12 months.

57. Reports show that of all the cases and deaths from typhoid occurring during the first year of the occupation, 43% occurred during the first three months or before control measures could be established. This fact is significant, since this was the period in which the effects of the disruption of normal control measures were most noticeable.

58. Immediately upon the arrival of the occupation forces, emphasis was placed on environmental sanitation, insect and rodent control, improvement of water supplies and immunization against typhoid and paratyphoid fevers. Since there is an effective vaccine for typhoid and paratyphoid fevers, it was expected that the incidence of these diseases would be reduced by these measures, but because of the high incidence during the first three months of the occupation, the annual rate was adversely effected. During the first year of the occupation environmental sanitation was improved and approximately 20,000,000 people were immunized against typhoid and paratyphoid fevers.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

59. The sanitation and immunization programs carried out during the first year of the occupation in the reduction of typhoid and paratyphoid fevers produced good results. The incidence of typhoid and paratyphoid during the second year of the occupation was lower than at any other time during the past eight years. The incidence has been reduced to approximately 50% below the 12-month period immediately preceeding the occupation and 63% below the rate during the first occupational year. This reduction has been due to a combination of factors which include all phases of environmental sanitation and immunization. A much greater reduction will result from future immunization and improved sanitary programs. (See Inclosures Nos. 7 and 8).

FUTURE PROGRAMS

60. The knowledge that typhoid and paratyphoid vaccines are effective against these diseases has resulted in a plan for a nation-wide immunization program. This plan was initiated during the early part of the second year of occupation. Action was taken to produce sufficient potent, safe vaccine

to immunize the entire population of Japan. Since the Japanese have never had standard procedures for the manufacture of typhoid vaccine, results were never consistent or convincing. In order to insure that the immunization program would be a success, minimum standards for TAB vaccine were provided, cultures used by the United States Army were imported and a production program was set in motion. The difficulties involved, while tremendous, have been largely overcome and by the end of the second year of occupation the typhoid vaccine production program was drawing to a successful conclusion. The nation-wide immunization program which has already been started will be completed as rapidly as vaccine can be distributed. Approximately 60,000,000 immunizations will have been completed on persons between the ages of 5 and 60 years, when this program has been completed. Booster shots will be given annually about 1 May. Children reaching the immunization age of five years will receive initial immunizations. Long range plans are being formulated for the continuation and improvement of sanitary programs. These measures will reduce typhoid and paratyphoid fevers to levels comparable to those of other modern nations.

Tuberculosis

BACKGROUND

61. Tuberculosis has been extremely prevalent in Japan as far back as records were kept (1900). It had never been a reportable disease prior to the occupation and for this reason, statistical data does not give a true picture of the tuberculosis problem. It is known the rate is among the highest in the world and has actually been increasing since 1932. Accurate figures on morbidity and mortality have never been available, although deaths have been reported, since 1900. At that time the death rate was approximately 160/100,000/per annum. From 1900 on, rates steadily increased until it reached a peak of approximately 250/100,000/per annum in 1918. It then declined gradually until 1932, when the rate was approximately 170/100,000/per annum. Since 1932 there has been a steady increase in the death rate, until 1945 when the rate was approximately 280/100,000/per annum. Tuberculosis has been the leading cause of deaths in Japan since 1930 and accounts for approximately 12 to 14% of the deaths from all causes. The serious economic conditions, lack of food, fuel, clothing, crowding and unsanitary conditions during the last years of the war have contributed materially to the continued prevalence of this disease. Because tuberculosis was considered a shameful disease, to be concealed whenever possible, very few cases were actually reported. Tuberculosis sanatoria were found to be only 25% occupied, due to lack of food. Active cases had left the sanatoria to seek food and were serving as sources of additional infections.

62. Approximately 160,000 deaths per year were reported. It has been estimated that there are 10 cases of active tuberculosis to every death. Deaths from tuberculosis have steadily increased from 153,000 in 1940, to 200,000 in 1945. Based on these figures of ten cases for every death it is estimated there are 2,000,000 cases in Japan. While tuberculosis has been a matter of grave concern to the Japanese people they have never made any material progress in its control. For several years they have been using BCG vaccine for immunization of persons in whom the tuberculin test was negative. During the past three or four years approximately 5,000,000 individuals have been vaccinated each year, most of these between the ages of 10 and 19 years.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

63. Because of the urgency of reestablishing health control measures, activities were necessarily confined largely to the control of acute communicable diseases in the early phases of the occupation. For this reason the control of tuberculosis did not receive major attention during the first year of the occupation.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

64. In October 1946 an active program for tuberculosis control was inaugurated. The immediate objective of the program may be summarized under five headings:

a. To encourage the return of active cases of pulmonary tuberculosis to hospitals by providing necessary food supplies enabling hospitals to care for these patients.

b. The education of the medical profession in diagnosis and treatment.

c. The inauguration of a school lunch program for supplemental feeding of school children to provide a balanced diet and increased resistance to infection.

d. A mass examination of school children together with individual case finding, tuberculin testing and BCG immunizations.

e. Mass examination of workers in factories and other organizations.

65. Currently the food situation has improved in the hospitals and all prefectures are getting increased diets for tuberculosis patients. X-ray machines have been supplied, where necessary, and others have been repaired. X-ray films have been provided. A nation-wide examination program for the detection and control of tuberculosis has been stimulated. The vaccination program has been encouraged and approximately 9,000,000 BCG vaccinations are contemplated for 1947.

66. Case reporting was inaugurated in January 1947. During the last three months reports have been fairly complete, with approximately 35,000 cases per month being reported. This represents the first time that tuberculosis has ever been reported throughout Japan and based upon these reports tuberculosis is occurring at the rate of, at least, 420,000 per year. (See Inclosure No. 9).

FUTURE PROGRAMS

67. The tuberculosis situation in Japan presents a major public health problem. It differs from many of the acute infectious diseases which occur in epidemic form. Its control requires time for education of the general population, vast sum of money and other facilities. In the United States, Europe and other nations of the world, good programs were in effect for many years before a perceptible change in morbidity or mortality rates were obtained. Consequently, the same state of affairs must be recognized and expected in Japan. Long range planning is required with the program for the next year confined largely to implementing this plan. Voluntary organizations will be encouraged to cooperate with the national government in carrying out the overall plan. The people of Japan are acutely aware of the tuberculosis problem and are anxious to control the disease. This in itself is a major triumph. Education of the physicians and of the general population will be carried out as rapidly as possible, using every media available. Every effort will be made to improve diagnosis and treatment facilities, to provide food, drugs and properly trained personnel for a long range comprehensive tuberculosis control program. BCG immunization will be continued.

Venereal Disease

BACKGROUND

68. Preliminary studies and observations during the past 24 months have revealed the following facts:

a. Venereal diseases have been considered as diseases of prostitutes,

primarily, and for this reason have never been a cause for concern either by the Japanese physicians or the general population.

b. Japanese physicians with very few exceptions are unfamiliar with the epidemiologic and clinical manifestations of venereal diseases.

c. Control methods were almost entirely devoted to the periodic examination of prostitutes and such examinations as were made, were perfunctory and practically worthless.

d. No provisions existed for care of infected persons in the general population.

e. Such clinical procedures as were in effect were archaic; laboratory procedures were poor and totally inadequate.

f. Contact tracing was not done.

g. Venereal diseases were not reportable and consequently no statistics were available as to the extent of venereal diseases or as to the incidence of the venereal diseases.

h. Licensed prostitution was legal, and flourished both in brothels and on the streets so the opportunity for spread of venereal diseases was practically unlimited.

i. Segregation of prostitutes into prostitute districts, which was said to be strict before the war, had broken down during the war years.

j. Permits to work as prostitutes were formerly under police supervision, but this also became lax during the war.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 to AUGUST 1946

69. SCAPIN 153, dated 16 October 1945, directed the Japanese Government to:

a. Designate syphilis, gonorrhea and chancroid as infectious diseases.

b. Report all syphilis, gonorrhea and chancroid on a basis similar to the one in effect for reporting other notifiable diseases.

c. Rigid enforcement of laws for the prevention of infectious diseases and all laws, ordinances, regulations and instructions issued thereunder and which relate, directly or indirectly, to the prevention and treatment of venereal diseases.

d. Bring under examination, treatment and provision of these laws, ordinances, regulations and instructions, all individuals whose occupation or activities subject them to serious hazard of venereal disease transmission.

e. Provision of hospitals, clinics and laboratory facilities, personnel, equipment and drugs necessary to insure required examinations, isolation, hospitalization and treatment.

f. The establishment of minimum technical and administrative standards and procedures for the guidance of operating agencies in connection with all phases of this program.

70. SCAPIN 642 dated 21 January 1946 directed the Japanese Government to:

Abrogate and annul all laws, ordinances and other enactments which directly or indirectly authorize or permit the existence of licensed prostitution in Japan and to nullify all contracts and agreements, which have for

their object the binding of committing, directly or indirectly, of any woman into the practice of prostitution.

71. SCAPIN 153 has resulted in the reporting of venereal diseases for the first time in Japan. Reporting was inaugurated the latter part of 1945. In 1946 there were reported 128,845 cases of gonorrhea, 74,609 cases of syphilis and 30,974 cases of chancroid.

72. The number of cases reported for these diseases has gradually increased since reporting was inaugurated in 1945, but this does not necessarily indicate that the incidence of these diseases has increased during this period. When reporting of a new disease is inaugurated, reporting is poor and incomplete and more and more cases are reported as physicians become familiar with the disease in question and the machinery for reporting is improved.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

73. A control program has been pursued vigorously. Available information does not indicate whether the incidence of venereal diseases is increasing or decreasing. There have been reported during the first 31 weeks of 1947, 123,124 cases of gonorrhea, 83,858 cases of syphilis and 24,467 cases of chancroid. Continuous efforts have been made by working through the Japanese Government, to improve professional techniques, to provide hospital and clinic facilities for venereal disease patients and to educate both the medical profession and the general population in the medical aspects of these diseases and their control. Treatment facilities for the general population have been established in many national, prefectural and municipal hospitals, health centers and in other strategic locations. Treatment schedules have been furnished; clinical and epidemiologic procedures have been demonstrated. A manual on the principles of venereal diseases control has been prepared, translated into Japanese and distributed. Effective drugs such as the sulfonamides, mapharsen and bismuth subsalicylate have been supplied on an import basis when the supplies from Japanese sources proved inadequate, in amounts or quality. Action has been taken to supply adequate food for hospitals treating venereal disease patients in order to insure retaining these patients in the hospitals as long as necessary. Every effort has been made to secure the full cooperation of the Ministry of Welfare in the venereal disease control program. Prefectural venereal disease control officers have been designated in each prefecture. Military Government health officers have been directed to place special emphasis upon venereal disease control in the general population. This is an entirely new concept to the Japanese officials.

74. Civil Information and Education Section, SCAP, has cooperated in disseminating information over the radio, through the newspapers, posters and other media to the general population. Medical students, internes and public health nurses are given lectures and additional training as a part of their medical training.

75. The control of prostitution and its allied activities is necessary for the successful control of venereal diseases. A study has been made with the view of enacting a law making prostitution illegal and providing for the enforcement of the law.

76. Surveys show approximately 424 diagnostic and treatment clinics are in operation. Satisfactory diagnostic and treatment programs have been inaugurated and in many cases are progressing satisfactorily. Education of the physicians and public health workers is being carried out as rapidly as possible. The Ministry of Welfare is supporting the venereal disease program already established and will provide leadership, funds and facilities for the expansion of this program. Venereal disease control is a combined operation which requires the cooperation of police, courts, welfare and detention agencies and medical services. As all of these public agencies learn to improve their service to the people, venereal disease control in Japan will continue to improve.

77. Venereal disease control is a new project in Japan. Because of this fact, it is not possible to show clear-cut progress in the form of statistical data. However, definite progress has been made as outlined above. It will take several years under existing conditions before a satisfactory program can be evolved and improvement demonstrated statistically. (See Inclosure No. 10).

FUTURE PROGRAMS

78. Plans for the coming year do not involve any new or radical changes but rather a continuance and expansion of the current program as outlined above. Special efforts will be made to attain two important goals. The first is a satisfactory diagnostic and treatment clinic in every health center in Japan, and the second is the enactment of a law making prostitution illegal and providing for the enforcement of the law.

Sanitation

BACKGROUND

79. Prior to the war, the standards of sanitation were much inferior to those of other modern nations. Upon arrival of the occupation forces the sanitary situation was comparable to that in other war devastated countries. In addition to the normal destruction of industries, practically all cities had 50% or more homes destroyed by fire. This resulted in the complete disruption of water supplies and the crowding of the population into unsanitary temporary homes. Sanitation programs were never very satisfactory and such programs as had previously been in effect were now in a state of complete collapse. Water supply systems and other similar public works projects which are so vital to the public health, existed only in the major cities. Very few small cities and villages had any type of public water or sewage systems and many cities with populations as great as 100,000 had neither water supply nor sewage systems. Night soil was used throughout Japan as fertilizer and there was very little provision for the destruction of pathogens before its use.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

80. Immediate steps were taken to install and repair damaged water supply systems, clean up and remove debris and to generally improve environmental sanitation. Medical and sanitary supplies were provided as rapidly as possible. Approximately 9,000, six-man sanitary teams were organized and supervised by the occupation forces. These teams were originally organized and used for typhus control, their activities consisting chiefly of louse control. During the spring of 1946 training and use of these teams was extended to include insect and rodent control. Training schools were conducted at Kyoto and Sendai and later in each region. Due to limited amounts of insecticide, equipment and funds, activities during the first occupation year were largely restricted to epidemic disease control.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

81. The sanitary programs started during the first year were continued and expanded during the second occupational year. The Ministry of Welfare and the prefectural governments have cooperated in the carrying out of the sanitary programs. The plan for the operation of sanitary teams has been extended; the activities of the teams now include environmental sanitation as well as all phases of insect and rodent control. Training schools were again held in Sendai, Kyoto and in each region. Ample insecticides, rodenticides, chlorine and other sanitary supplies have been provided. The Ministry of Welfare provided a budget for carrying out the sanitation programs. In addition, the following amounts of insecticides were made available for distribution to the prefectures on a population basis: Ten percent DDT dust, 6,000,000 pounds; five percent DDT residual spray, 1,000,000 gallons; 30X pyrethrum concentrate, 650,000 gallons and antu (rat poison), 120 tons. In order to carry out this program, the number of six-man sanitary teams has

been expanded on the basis of one team to each 10,000 of the population. Activities reports from the Ministry of Welfare list 60,000 teams, totalling 360,000 workers, operating at the end of the second occupational year.

FUTURE PROGRAMS

82. The sanitary program as outlined above has contributed greatly to the successful achievement of disease prevention and control. The contribution of sanitary teams in the improvement of environmental sanitation and in the control of insects has been of immeasurable value. Future programs are based upon continuance of the current sanitation program and the use of the sanitary teams. Plans for the coming year include the establishment of sanitary engineering courses in the engineering colleges, refresher courses for water works operators, refresher courses for public health officers, sanitarians and sanitary engineers and such other training as may be indicated.

Port Quarantine

BACKGROUND

83. Before the war, the Japanese quarantine system had been operated by local and prefectural governments without national coordination. During the latter months of the war, quarantine barriers against the quarantinable diseases such as typhus fever, smallpox, cholera and so forth, had been completely broken down. Personnel were dispersed in the armed services and equipment used for scrap metal. This, together with the disruption of normal functions at the time of the capitulation, presented a great threat of importation of communicable diseases.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

84. The repatriation program, which began in September 1945, required the medical processing of more than 6,000,000 persons and presented problems of great proportions so far as quarantine was concerned. Repatriation Quarantine Regulations were placed into effect, eight stations were equipped, personnel assembled and trained, and a national coordinated quarantine service was organized and placed under control of the Ministry of Welfare. This proved successful in preventing the entrance of communicable diseases into Japan. Medical aspects of quarantine were reestablished and supervised by SCAP officials.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

85. Medical processing of approximately 6,000,000 repatriates was completed by the end of 1946. While some smallpox and cholera gained entrance into Japan, this was traced to illicit shipping and smuggling from Korea. Peacetime Quarantine Regulations were prepared and became effective December 1946. Eight sea ports of entry and two air ports of entry were designated by SCAP, in addition to repatriation ports of entry, and were established to control normal entry and exit to and from Japan. These ports are operated by Japanese personnel and supervised by Military Government quarantine officers.

FUTURE PROGRAMS

86. No new projects are involved. Present plans provide for a continuance and improvement of quarantine facilities and activities now in operation.

Laboratories in Japan

BACKGROUND

87. Upon arrival of the occupation forces, laboratory activities in

Japan, both diagnostic and biological, were very scanty. National standards existed for only two biologicals produced; namely, diphtheria and tetanus anti-serum. These were assayed by the Infectious Diseases Institute for the Ministry of Welfare. There was no administrative organization in operation and no regulations controlling either biological or diagnostic laboratories. During the war years, whatever standards the individual biological manufacturers and diagnostic laboratories had previously observed, had deteriorated into a chaotic state. Many of the laboratories and laboratory facilities had been destroyed and the medical profession had not been able to keep up with the modern developments in these fields, due to isolation. Organisms used for preparing various vaccines differed from laboratory to laboratory as did the final products. Investigation revealed that seed strains used in preparing vaccines were in many cases non-antigenic.

88. The doctors of Japan have been inclined to research. Although there were some good laboratories, some capable research men and some splendid work was being done in this field, on the whole research laboratories, diagnostic laboratories and biologic laboratories were very poor and the work carried out was of a very inferior quality.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

89. The necessity for producing biologics to control communicable diseases was of primary importance at the beginning of the occupation. One of the first projects was to produce sufficient smallpox vaccine to immunize the entire population of Japan. This was done by the Japanese using techniques with which they were familiar. Although their techniques and standards were not considered entirely satisfactory, they were able to produce a potent vaccine. They also produced large quantities of diphtheria toxoid, typhoid vaccine, typhus vaccine and cholera vaccine. With the exception of typhus vaccine, these were all produced without any minimum standards and were not assayed. Minimum standards were provided for typhus vaccine. Techniques and assay were under SCAP supervision.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

90. A laboratory control program at the national level was inaugurated and a laboratory Control Section created in the Ministry of Welfare. Official minimum requirements for Japanese produced epidemic typhus vaccine, typhoid, paratyphoid and cholera vaccines have been promulgated and distributed to the manufacturing laboratories. Other standards are being developed and approved as rapidly as possible. A National Institute of Health, staffed by the foremost scientists in Japan, has been established under the jurisdiction of the Ministry of Welfare, where the highly technical assay of biologicals and antibiotics will be carried out, together with experimental research on disease control, especially communicable diseases. A system of national and local laboratory inspectors has been organized to carry out surveillance of local diagnostic and biological laboratories in conformance with official rules and regulations. Instruction courses for inspectors and manufacturers of biologicals have been carried out and plans are being made to establish a system of diagnostic laboratory control.

91. A nation-wide immunization program against typhoid and paratyphoid fevers was planned for the second occupation year. Formerly typhoid vaccine had been prepared by numerous laboratories all over Japan. The quality of their product varied tremendously and their typhoid immunization programs heretofore had largely failed because of the poor quality of the vaccine. Minimum standards were provided and the Army strains of typhoid and paratyphoid organisms were imported from the United States. Laboratories were inspected and only those laboratories capable of meeting the minimum requirements were permitted to make vaccine. This task proved an enormous one, but the majority of the vaccine was produced and assayed before the end of the occupation year.

FUTURE PROGRAMS

92. The problem of setting up standards for biologics and biologic laboratories and surveillance over the laboratories to observe that these standards are met, is a project that will be continued during the coming year.

93. Another important project is to set up standards for diagnostic laboratories and to exercise surveillance in order that these standards are attained.

94. These two projects represent the primary program for the coming year.

National Institute of Health

BACKGROUND

95. There had never been in Japan, a National Institute of Health or any organization under government control which functioned to control biologics, diagnostic laboratories and to conduct research projects on communicable diseases, There had been in existence for many years an organization known as the Institute of Infectious Diseases. This was formerly under the Home Ministry and about 15 years ago it was transferred to the Tokyo Imperial University which is under the Ministry of Education. This institute was a research institution for the university and as a sideline served as an agent for the Ministry of Welfare in matters of licensing biologic laboratories, setting standards for biologics products, and, in fact, actually manufactured a large percentage of the biologics. The necessity for a national organ under the Ministry of Welfare was evident.

ACCOMPLISHMENTS - AUGUST 1945 - AUGUST 1947

96. The National Institute of Health (NIH) was organized and formally dedicated on 21 May 1947. It is now a semi-independent organization under the Ministry of Welfare. The two primary functions of the institute are; the first, to establish standards for and control biologics products; the second, to conduct research on disease control. The NIH is the official organ of the Ministry of Welfare and will maintain liaison with similar institutions throughout the world when international relations are reestablished.

FUTURE PROGRAMS

97. Future plans provide for expansion and continuance of the present functions.

Institute of Public Health

BACKGROUND

98. Prior to 1930 there was no institution in Japan whose primary function was the teaching of public health. During the early 1930's, the Rockefeller Foundation became interested in the public health problem in Japan. Negotiations were initiated between the Rockefeller Foundation and the Japanese Government, which resulted in the establishment of the Institute of Public Health. Construction of the present institute building was begun about 1935 and was completed in 1939. It is a magnificent seven-story structure, well equipped, and was constructed entirely by funds donated by the Rockefeller Foundation. The institute did very little teaching of public health, however, and in 1943, the Ministry of Welfare occupied the building and remained there throughout the war.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

99. The need for physicians educated in public health was very great in

Japan. The only qualified public health officials were the few who had been educated abroad, principally in the United States, England and Germany. In the spring of 1946, an effort was made to reestablish the Institute of Public Health as an institution for teaching public health. This project was not immediately successful and up to the end of the first occupation year the project had not been accomplished.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

100. Early in the second occupational year, SCAP, Public Health and Welfare Section personnel, Ministry of Welfare officials and key members of the staff of the Institute of Public Health, outlined a plan for reorganization of the Institute of Public Health. During the ensuing three months this group completed the preparation of curricula for refresher courses for all types of public health personnel. The first class for public health nurses began on 2 April 1947 and the initial classes for public health officers and sanitarians began on 16 June 1947.

FUTURE PROGRAMS

101. The Ministry of Welfare will be moved out of the institute building in the near future. When this is accomplished a full schedule of public health courses will be put into effect. Seven different courses for the following types of public health personnel will be running concurrently: Public health officers (doctors), public health nurses, public health veterinarians, public health pharmacists, public health nutritionists, public health statisticians, public health engineers. These courses are refresher courses for personnel already on duty with public health organizations in the various cities and prefectures.

Health Centers

BACKGROUND

102. Before the war there was a system of health centers throughout Japan of which there are still approximately 700 such centers scattered throughout the nation. There was also a health center law in existence which outlined the activities of health centers.

103. Briefly, the functions of a health center were largely confined to maternal and child guidance and tuberculosis guidance. Investigations revealed the health center facilities varied from fairly large, well-constructed buildings, strategically located, to small deteriorated buildings, poorly located. The health centers were sponsored by the National Government, but were controlled by the prefectural government. The health centers as a whole were very inadequate in all respects, including personnel and supplies, and were contributing little to the general public health for the simple reason that the encumbents in the health centers were unqualified and did not know their duties.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

104. Japanese public health officials as well as Public Health and Welfare Section personnel were busily occupied in the control of acute communicable diseases throughout the first occupational year. It was not possible to devote much attention to the reorganization of the health centers. The health centers continued to carry on their work in accordance with the existing health center law.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

105. The system of health centers such as exists in Japan has a great potential value in the control of communicable disease and in promoting the public health. Efforts were made during the second occupational year to

establish the basic public health services in each health center in Japan. Up until this time health centers had done little, other than to provide meager verbal instructions on maternal and child health problems and tuberculosis. The necessity for providing basic public health services was clear. Ministry officials were called in consultation, in an effort to evolve a plan for expansion and improvement of the health centers. Ministry officials, while having a poor conception of what the services of a health center should be, were anxious to expand and improve the installations. Accordingly, a memorandum was issued to the Ministry of Welfare, (Public Health Memorandum to the Japanese Government No. 16, dated 7 April 1947) outlining the basic services of health centers and directed the Japanese Government to take the necessary action to provide these services in all the health centers in Japan. The basic services were as follows:

a. Public Health Nursing

b. Maternal and Child Hygiene

c. Vital Statistics

d. Diagnostic Laboratory Services

e. Dental Hygiene

f. Nutrition Service

g. Sanitation and Hygiene

h. Health Education

i. Medical Social Service

j. Communicable Disease Control

k. Venereal Disease Control (including diagnosis and treatment)

l. Tuberculosis Control (including diagnosis and treatment)

The Ministry of Welfare has since prepared an amendment to the health center law and has also prepared a budget for the improvement and expansion of health center activities. It represents a marked advance in the field of public health.

FUTURE PROGRAMS

106. The health centers in Japan will be the corner stones of future public health services and administration throughout the nation. The goal for the coming year is to implement the new health center law and to expand and improve health centers and the services rendered therein.

VITAL STATISTICS DIVISION

MISSION

107. Advises on the establishing or reestablishing of an adequate vital statistics program for Japanese births, deaths, stillbirths, marriages and divorces; supervises and recommends on the methods and procedures for collecting vital statistics, compiles and evaluates the results, completes reports on the results of the evaluation; reviews the procedures as to accuracy and promptness. Maintains liaison with the Japanese offices on methods and procedures for collecting, compiling, evaluating and development of current rates useful in determining the policy regarding health control methods; makes special studies on causes of deaths and geographical distribution, time trends of Japanese rates; designs special indexes applicable to Japanese data, and makes studies of under-reporting, over-reporting,

inadequate certifications or certificates, fertility studies and marriage rates. The Division also collects, evaluates, compiles and publishes weekly and monthly reports in cases and deaths, as well as case and death rates on various forms of communicable diseases for which statistical data is necessary in determining effectiveness of preventive medicine control programs.

BACKGROUND

108. In August 1945, the vital and public health statistics facilities of the Japanese Government, which were never adequate in meeting the public health needs, had practically ceased to function. The submission of schedule reports of births, deaths, stillbirths, marriages and divorces had been ordered stopped by government officials, because of transmission difficulties caused by the war. Only simple numeric reports of events were being submitted, and these were long delayed. Quarterly vital statistics reports were discontinued in 1938 and the last annual report published in 1943. No current vital statistics reports were prepared. Morbidity registrations were long delayed and the list of diseases being reported was too incomplete to meet public health requirements. Japan had never made adequate preparations to supply the needed public health statistics and the end of the war found it virtually uninformed regarding such vital facts at the national level and in many cases, at the prefectural and local levels.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

109. Soon after the occupation, a basic directive, SCAPIN 48, was issued in September 1945 to the Japanese Government concerning its responsibility for the public health, including the vital statistics. In May 1946, a second directive, SCAPIN 945, was issued setting forth vital statistics as a responsibility of the prefectural health offices. From the beginning of the occupation, vital statistics have been recognized as an important public health function.

110. A Division of Vital Statistics was organized in the Public Health and Welfare Section in May 1946.

111. Current morbidity statistics have been published regularly in the Weekly Bulletin of the Public Health and Welfare Section, beginning with the week ending 20 October 1945. These data have been expanded considerably in content since the original publication.

112. The registration of vital events, under the Koseki-Ho (Local Registration Office) has been primarily for the purpose of maintaining civil registration, rather than to meet the statistical requirements of modern public health practices. This was recognized at an early date and plans were made to expand and expedite the vital and public health statistics to provide for administration of the public health, based on factual data. As a temporary measure, the Cabinet Bureau of Statistics was requested in April 1946 (PHWJG-16) to recommence its previous practice of obtaining partial transcripts of the data contained on the original registrations and to prepare monthly statistical reports by prefectures. The first step was begun in July 1946 in the preparation of reports by the local Koseki offices on the number of births, deaths, etc. (See Inclosures Nos. 11, 12 and 13).

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

113. In September 1946, the designs of both the schedule and declaration forms of births, deaths, stillbirths, marriages and divorces were completed. Beginning with 1 October 1946, however, all offices began using the new forms, except for stillbirths, which were not available until November.

114. Laws pertaining to stillbirths were amended in November to require the declaration of stillbirths. The declaration form which included the medical certification was placed in use for the first time in the same month.

115. Current monthly reports were published by the Cabinet Bureau of Statistics for the first time in December, on the basis of schedule reports, including specific causes of death.

116. The Japanese International List of 1933 was revised by the Japanese in December 1946. The normal revision of 1938 was not carried out because of war activities.

117. In January 1947, the Manual of Joint Causes used by the United States for the selection of joint causes of death, was adopted with slight modifications and translated into Japanese through the efforts of the Advisory Committee on Vital Statistics.

118. With the assistance of the Advisory Committee to the Justice Ministry, on Vital Registrations in the Koseki offices, several methods of testing the completeness of registrations were reviewed. During the first four months of 1947, they were tested in the following cities: Kure, Hiroshima, Omiya, Fujisawa, Chiba, and two wards in Tokyo.

119. Out of these studies has come the adoption of a nation-wide method of checking the completeness of registration. Under the new procedures, attendants are required to report the occurrence of births and deaths to the local Koseki (Local Registration) offices and stillbirths to local health offices. Not only will this serve as a test of completeness, but it will also stimulate more complete registration.

120. In March of 1947, thirteen additional reportable diseases were added to the official list being reported. These additions will give more complete coverage which was considered necessary for communicable disease control.

121. An Advisory Committee on public health statistics was organized in April to advise the Ministry of Welfare. Four meetings have been held and several important reports made by the sub-committees on such matters as the use of control charts for communicable disease statistics, the cost of medical treatment and care, and the computation of infant and stillbirth rates.

122. In cooperation with the Justice Ministry and the National Ration Board, a plan was developed and adopted whereby the registration of the newborn for the issuance of rations is premised upon presentation of evidence that the birth has been properly registered in the local registration office. This became effective in June 1947. Registrations have been made much more promptly since this procedure was introduced.

123. Although the Ministry of Welfare has submitted weekly morbidity reports from the beginning of the occupation, it had never published current reports for use by the prefectural health offices and others. In June, the Ministry of Welfare started the submission of a weekly morbidity report to the Japanese prefectural offices, showing the number of cases for each disease reported according to prefecture, together with a brief analytical statement. The first such report was for the week ending 31 May 1947.

124. As an aid to the plan of having the attending physicians and midwives report births, attended by them, to local government offices, a "free postcard" system was developed with the cooperation of the Ministries of Communications, Welfare and Justice and placed in operation on 1 July 1947.

125. Similarly, in cooperation with the Ministries of Communications and Welfare, a "free postcard" system was developed as an aid to the reporting of communicable diseases by the attending physicians, and placed in operation on 1 July 1947.

126. In July the Ministry of Welfare completed the design of a series

of four epidemiological record forms to be maintained in the local health centers. Separate record forms were provided for tuberculosis and the venereal diseases. A group card was designed for the intestinal diseases and another for the rest of the diseases reportable to the Ministry.

127. During August 1947, a plan was started whereby there will be approximately 72 field workers (physicians) attached to the prefectural health offices, whose duty will be to assist in obtaining as complete and accurate registrations of births, deaths and stillbirths as possible - particularly better medical certifications. In addition, the 287 chiefs and assistant chiefs of the Justice Department offices will assist in general registration problems. Seven educational conferences were held during July and August.

128. The Ministry of Justice published a manual on registration procedures and distributed copies to all Justice offices. The Cabinet Bureau of Statistics published a manual concerning the preparation and forwarding of the schedule forms. The Ministry of Welfare completed writing a comprehensive manual for physicians in August 1947 which is awaiting publication.

FUTURE PROGRAMS

129. As soon as possible the new epidemiological record forms will be placed in use. The date will be carefully analyzed and used in the development of sound public health programs. Comparatively little is known, for example, about tuberculosis in Japan, notwithstanding the fact that it has been the leading cause of death for several years.

130. To facilitate such studies, every effort will be made to obtain mechanical tabulating equipment for the Public Health Statistics Section in the Ministry of Welfare.

131. The plan for the collection of current vital statistics in the Cabinet Bureau of the Census, as previously stated, was directed by SCAP as a temporary measure and it has long been anticipated that such work would be transferred to the Ministry of Welfare as soon as suitable arrangements could be made, thereby uniting vital and public health statistics, of which the former is a natural part. Now that the Public Health Statistics Section has been established, the transfer of the vital statistics work will be made effective 1 September. This work will be greatly expanded; many important studies will be carried out and their findings made available in special reports.

132. The development of a vital statistics unit in every prefectural health office will be encouraged in order that the administration of the public health shall be based upon factual data. Similarly, the formation of a record unit in each health center is essential to the proper development of the center.

133. After 1 November, all schedules copied in the local Koseki (Local Registration) offices will be sent directly to the prefectural health offices. Beginning with the month of January, they will be routed through the local health centers and then to the prefectural health offices, which in turn will forward them to the Ministry of Welfare. The Ministry will prepare current monthly reports and annual reports.

134. At suitable intervals, possibly every ten years, the schedule and declaration forms will require revisions. In view of the fact that Japan never had a uniform declaration form prior to October 1946, perhaps it would be advisable to plan a revision for 1950 and every decennial period thereafter.

135. Eventually, microfilm equipment will become available in Japan. When it does, consideration will be given to microfilming the original declarations, instead of transmitting schedule copies. The microfilmed record would be transmitted to the Ministry.

136. The forwarding of declarations of births, deaths, etc., to the place of honseki (address of birth), when the declaration is made in some place other than the place of honseki, requires much time and labor as well as expense, without benefiting civil registration or improving the vital statistics. Therefore, this matter will be studied and, if unnecessary, it will be discontinued.

137. From time to time, it will be necessary for the Japanese Ministries to revise present manuals.

138. During 1948, it is expected that historical tabulations of vital statistics and morbidity for Japan will be completed.

MEDICAL SERVICES

MISSION

139. Renders advice on all matters of administration, physical equipment and requirements and procedures for civilian hospitals, clinics and dispensaries. Initiates policies and procedures for obtaining and evaluating information on minimum and maximum hospital, clinical and dispensary requirements as to areas and population. Gives advice for providing medical service in the control of a public health program. Exercises technical supervision and advises all echelons and the Japanese Ministry of Welfare on requirements for establishing an adequate physical procedure rendering proper hospitalization, clinical and dispensary service.

BACKGROUND

140. The twelve years of war resulted in extensive physical deterioration to hospitals and other medical installations. One thousand and twenty-five hospitals, with a total bed capacity of 53,000, had been destroyed. School buildings were being utilized for hospitals in some areas. Some hospitals had been without X-ray film for three years. Dressings were washed and reused. Heating and central cooking equipment had been removed for scrap metal. Military medical installations held large quantities of drugs and medical supplies which were urgently needed for treatment of the civil population.

141. Civil hospitals were closed by law to the practitioner, and as a consequence, thousands of inadequate hospitals of ten beds or less were set up by private practitioners to hospitalize their own patients.

142. Medical education was geared to wartime needs. A system of second class medical schools having inadequate faculties and teaching facilities, had been rapidly developed to produce doctors for the colonies and the Army and Navy Medical Corps. By the end of the war, 50 such schools existed in Japan, compared to the 18 schools existing in Japan prior to 1938. Dentists were licensed to practice medicine following an additional year of study. Medical license was issued automatically without examination, upon graduation from medical school.

143. All schools had been operated on the didactic German system for years and there was little emphasis upon laboratory and clinical teaching. Effective teaching was further hindered because fully trained and recognized professors refused to participate in medical school teaching, confining their activities, rather, to a selected group of students training for the higher degree of Doctor of Science in Medicine.

144. The Japanese Medical Association was a governmental body of physicians, membership was compulsory, with the society dedicated to the control of medical practice and the upholding of national policy.

145. Text books and journals had not been received since 1939, resulting in a stagnation of medical thought and progress.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

146. A weekly reporting system of hospitals, by prefecture, was established, indicating number of beds, bed occupancy and number of out-patients treated. There were 497 Army and Navy hospitals with approximately 100,000 patients at the time of surrender. These institutions were turned over to the Home Ministry, then transferred to the control of the Ministry of Welfare and established as National Hospitals. Some of these have been turned into general hospitals, some into tuberculosis sanatoria and some into leprosoria. The Japanese Government now operates 36 tuberculosis sanatoria with a total bed capacity of 28,700. It operates five national hospitals for mental diseases and 13 leprosoria with 8,320 patients. All the national hospitals became "open" hospitals, wherein a qualified practicing physician could continue the treatment of his hospitalized patient. Total national hospitals now operated throughout Japan by the Government are 97, with total bed capacity of 215,000. (See Inclosure No. 14).

147. National hospitals located at entry ports were utilized to process repatriates. Preferential treatment to Japanese ex-military patients was discontinued and national hospitals were required to open their doors to the needs of the civilian community. This is now being successfully carried out and it is estimated that 50% of the patients in national hospitals are now civilians.

148. Early in the occupation reform was begun effecting medical education and in March 1946 a Japanese Council on Medical Education was formally organized. This Council has since met in regular monthly sessions. It was impossible to initiate medical educational reform through any then existing agency.

149. The Japanese Medical Association evidenced no interest, so it was necessary to group together Japanese physicians known to possess progressive ideas and representing the outstanding medical colleges of Japan. Thus the Council was formed. The educational program proposed by this Council for medical colleges of Japan consists of three years of college level premedical education and four years of medical school following the completion of primary and secondary school. In order to qualify for the National Licensure Examination, the graduate must spend one year of internship in an approved hospital.

150. In the past, a certificate of graduation from a medical college allowed the legal practice of medicine and automatic issuance of a medical license. No licensing examination was necessary. The looseness of medical educational standards and the development of many medical schools conducting abbreviated courses, particularly during the war period, has allowed a great number of wholly unqualified persons to practice medicine in Japan. Reform was instituted whereby the successful passing of a national examination became a requirement for a certificate of licensure.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

151. Changes in the operation of Japanese hospitals, to bring the standard of treatment up to modern levels are underway, but such changes are so interwoven with the medical educational program, the availability of qualified physicians and medical investigators, as well as the insufficiency of food, fuel and transportation, that improvement in hospital administration cannot be considered separately nor take place rapidly.

152. There are at present 3,289 hospitals, including national hospitals, of more than ten-bed capacity, in operation in Japan, with a total bed capacity of 223,865. This provides one bed for each 338 persons. One hundred six thousand seventy-five of these beds are now occupied and at no time since the occupation has there been any material variation in this level.

153. An average of 265,396 persons receive out-patient treatment weekly in these hospitals. (See Inclosure No. 14).

154. It is the custom in Japan for private physicians to establish small independent hospitals of ten beds or less, and to carry out all manner of medical procedures in these institutions. One of the current programs is to eliminate the small hospital where it is known inferior medical practices exist. A Committee on Standards for Hospitals has been established, within the present Japan Medical Association, to formulate plans for standardization of hospitals. The small hospital will be unable to meet the requirements. They may continue to exist as clinics where minor surgical procedures may be performed or simple diseases treated, but a time limit will be placed upon the treatment of the patient therein which will preclude the carrying out of the major surgical procedures or the treatment of serious diseases.

155. In the field of medical education, an interim program has been adopted. It was realized that the number of medical students now undergoing medical education in the schools of low calibre would have their medical education abruptly cancelled if immediately forced to meet the new educational requirements. Therefore, the complete adoption of the new program will not become effective until 1950.

156. The interim program permits one year pre-medical work for the years of 1947-1948 and then entrance into the four years medical course on a university level, two years pre-medical education for the years 1948 - 1949 and the full program to go into effect in 1950, namely, three years pre-medical cultural education prior to the study of medicine in a University medical school.

157. The program has been worked out to care for those students now in the Semmon Gakko (lower level, second class) type medical schools. Whereas, it was estimated that 14,000 students would have their medical education interrupted by the immediate initiation of a new educational program, the present system affects only those freshman classes currently completing their freshman year in the low grade medical schools.

158. National examinations for the obtaining of a license to practice medicine in Japan was held for the first time in 1946. The examination itself was prepared and conducted by a committee of examiners, seventeen in number, who had been elected by a governing body of physicians, "THE COUNCIL ON EXAMINATIONS FOR MEDICAL LICENSURE." This governing body establishes policy regarding examinations. The seventeen examiners, who prepare and conduct the examination, were very carefully selected and are leaders in various medical specialties.

159. Beginning 1 March 1947 one year's rotating internship was required for all medical graduates. The committee on internship investigated the qualifications of the hospitals to receive internes, but progress in this phase was slow, due largely to the inferior quality of most Japanese hospitals. Hospital reform is, therefore, vital to the effective operation of the clinical teaching of medicine.

160. The reshaping of the Japan Medical Association along democratic lines is in progress. It has now been organized into a body of voluntary members, modeled somewhat upon the lines of the American Medical Association, dedicating itself to scientific advancement within the medical profession and to advancement of medical practice for the benefit of the general public.

161. The first representatives of the new Japan Medical Association, consisting of electees from the local associations, will meet 31 August 1947 for the formal establishment of this new democratic group.

Medical Literature

162. There has been a great need in Japan for medical literature from the United States. Due to the inability of the Japanese to use yen as a medium of exchange outside Japan, subscription to American medical journals and publications has been impossible.

163. A number of American medical magazines have been loaned to the Japanese, and one society, the Nippon Medical Society, has published monthly a booklet listing the names and authors of medical articles appearing in these journals. This publication will be of great value to the Japanese as a future reference. The Japan Medical Association has begun publication of its journal accepting approved Japanese articles of medical interest.

164. Medical text books and journals are furnished the Military Government Teams in each prefecture. These publications are likewise available to the Japanese through the Military Teams. The Japanese are now permitted to publish articles on medical subjects in Japanese and in Japanese magazines.

FUTURE PROGRAMS

165. Future programs involve continued efforts to provide much needed educational literature on medical and allied fields and effect proper distribution of this material.

166. It is also planned to establish a post-graduate medical educational program and to elevate the educational and professional standards of the services closely allied with medicine, such as X-ray technicians, physiotherapists, etc.

167. Future plans also involve the establishment of a program for the training and education of hospital administrators, which are urgently needed. Consideration will also be given in the encouragement of a plan of education and rehabilitation for patients of tuberculosis sanatoria, a large portion of whom are of school age.

SUPPLY DIVISION

MISSION

168. Responsible for all matters pertaining to requirements and status of narcotics, medical and sanitary supplies with reference to importation, production, distribution, custody and security needed for civilian relief and health. Coordinates the above with other staff sections and divisions within the section. Recommends on appropriate stock levels including reserves to be maintained for emergency use. Coordinates surveys and maintains data on production capacity of Japanese manufacturing facilities and submits recommendations concerning import requirements of raw material. Recommends and advises on the manufacture, distribution and stocks of relief supplies. Recommends and supervises the disposal of existing stocks and controls the production and traffic in narcotics in Japan. Conducts necessary research and study of Japanese requirements of narcotics, medical and sanitary supplies and equipment, coordinating with the policies of the Supreme Commander for medical care and treatment of Japanese. Initiates directives and activities for application of existing policies for guidance of lower echelons and Japanese agencies. Coordinates requirements, production and need of raw material with other staff sections in providing adequate control of communicable diseases, epidemics and civilian unrest.

BACKGROUND

169. According to best estimates available, approximately 50% of the factories engaged in manufacture of medical supplies and equipment had been destroyed or converted to other types of production. The remaining half were

able to produce only 20% of pre-war requirements, due to lack of critical raw materials and deterioration of equipment. At the time the occupation forces arrived, manufacturing activities were practically at a standstill.

170. No medical supplies had been distributed by the Japanese Government since June 1945. The quantities distributed had gradually diminished as the war progressed and were entirely inadequate during its latter stages.

171. Physicians, dentists, veterinarians and hospitals were unanimous in their opinion that extensive importation would be necessary to maintain a minimum standard of medical care and treatment. This opinion was shared by the general public. There was much criticism of Japanese policies relating to medical supply of the civilian population. It was estimated that two-thirds of all medical supplies produced were taken by the Japanese Army and Navy. In this connection it is interesting to note that although the government had set up rigid controls over production and distribution, the Army and Navy were allowed to fill their demands without regard to the needs of the civilian population. This practice served to create chaos and encourage hoarding and marketing through unauthorized channels.

172. Production and distribution was exercised through a series of control associations and companies, each of which handled a certain commodity group. These organizations operated on a commercial basis, and the government assumed no financial responsibility for economic control. Although it was a basic policy to delegate control to industry, the officials of control organizations were appointed by the government and operated under strict government control. Control associations purchased the entire production of manufacturers and conducted a wholesale operation, through sales, to corresponding control companies in each prefecture. This served to disrupt distribution through normal commercial channels and resulted in the creation of a bottleneck in the distribution system.

173. The Ministry of Welfare was responsible for the manufacture and distribution of medical supplies and equipment, but had not been given sufficient authority to carry out this mission. Other Ministries controlled the allocation of raw materials and did not feel obligated to follow recommendations of the Ministry of Welfare in allocations to industry. One of the outstanding operational deficiencies noted, was the failure to arrive at any determination of actual requirements as a guide in allocating raw materials and scheduling production. There was no comprehensive plan for production control.

ACCOMPLISHMENTS FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

174. Immediately upon arrival of the occupation forces in Japan survey was instituted to determine the status of medical supplies, with respect to plant production capacity and availability of raw materials The pharmaceutical industry had been highly developed in Japan and had carried on an extensive export trade throughout the Orient. Surgical instruments, X-ray equipment, and other hospital supplies and equipment had been produced mainly in small plants on an assembly basis. Although pharmaceutical plants had been extensively damaged, potential capacity appeared to be adequate.

175. Based upon the results of the survey, it was decided that concerted efforts should be made to reestablish medical supply production capacity by use of indigenous facilities and raw materials, thus obviating the necessity for extensive importations of finished products and reducing the cost of the occupation. Manufacturers were anxious to reestablish their industry, and have cooperated fully.

176. A directive was issued charging the Japanese Government with responsibility of furnishing necessary medical, dental, veterinary and sanitary supplies and equipment required to maintain an adequate standard of medical care and treatment. Occupation Forces authorities were advised

that United States produced supplies were to be used only when Japanese resources were insufficient to protect the health of the Occupation Forces and to prevent disease and unrest among the civilian population.

177. Contacts were made immediately with responsible officials of the Ministry of Welfare concerning the development of overall policies and procedures to carry out the supply responsibilities of the Ministry. Steps were taken to train and orient ministry officials in supporting occupation policies, initiating necessary action to increase production and to establish a workable distribution system. Constant supervision and guidance was exercised over all supply activities by SCAP.

178. An overall production plan was developed, together with a bill of materials necessary to accomplish this plan. Priority was assigned to the production of essential materials to effect utilization of limited stocks of raw materials. Numerous field visits were made for the purpose of assisting and guiding operating agencies in the field. In carrying out the basic production program it was necessary to place special emphasis on certain commodities. This was accomplished by the initiation of sub-production programs designed to insure priority of production for the most essential and critical items of medical supply and equipment.

179. Although Japan had carried on a few disease immunization programs, prior to the war, they were allowed to lapse gradually, and at the time of the surrender, very few vaccines were being manufactured and distributed. The production of vaccine was one of the first programs undertaken. Typhus vaccine and diphtheria toxoid production was introduced into Japan for the first time. During the first year of the occupation, all types of essential vaccine production reached the minimum level required to carry out immunization programs. Import was necessary in the case of typhus vaccine only. A small reserve of miscellaneous imported vaccines, established as an emergency measure at the time of the occupation, was used to supplement Japanese production.

180. During the early part of 1946 a comprehensive insect and rodent control program was instituted throughout Japan. Large amounts of supplies and equipment were required for this program, and action was taken to utilize indigenous supply facilities to the greatest possible extent. As Japan has always been a large producer of pyrethrum flowers, it was possible to manufacture large quantities of effective insecticides. Spraying and dusting equipment was also placed in production. The entire production program was carried out by the Ministry of Welfare under the supervision of SCAP.

181. DDT was not being sufficiently produced in Japan and the shortage of critical materials required for such production necessitated the initiation of a production program during the early phase of the occupation. An import program for the quantities of DDT required to carry out modern disease control programs was established. No facilities were available for mixing DDT dust or spray, and it was necessary to import finished products. Steps were then taken to provide facilities for mixing. During the first year of the occupation, sufficient facilities were developed to mix and package DDT products, utilizing imported DDT concentrate and indigenous plant facilities and deposits of pyrophyllite and talc. This action resulted in a considerable saving in occupation costs. The lack of a distribution system designed to supply public health programs necessitated issuance of DDT products through occupation forces supply agencies with transfer to Japanese health officials at the prefectural level.

182. A thorough study was made of the distribution system covering medical supplies and equipment. To a great extent, responsibility for distribution had been delegated to industrial groups. Professional associations of doctors, dentists, veterinarians and pharmacists, also assisted in the distribution of medicines. The necessity for a thorough revision was recognized and initial plans were laid to transfer responsibility for control of short supply items to Japanese Government officials. However, numerous basic

changes were necessary in the entire economic system before a complete revision of the distribution system could be accomplished. Emphasis was placed upon refinements in the standard operating procedures which had been employed prior to the occupation. The Ministry officials began to take a more active interest in the national allocation plan with a view to effecting more equitable distribution among prefectures. Numerous field visits and conferences were held with interested officials during which the necessity for frequent distribution was pointed out. As it had been the policy to distribute supplies on a quarterly basis, steps were taken to increase the frequency of distribution.

183. At the time of the surrender, all supplies and equipment of Japanese Army and Navy were confiscated by the occupation forces. Upon completion of an inventory, non-war materials, such as medical supplies, were returned to the Japanese Government for civilian use. These represented a sizable stock of medical supplies and steps were taken to require the Japanese Government to distribute these supplies to physicians, dentists, veterinarians, pharmacists and hospitals. A number of factors delayed this distribution. Most of the stocks were located in large depots and dumps, some in remote areas, which made inventory, classification and transportation difficult. Officials of the Ministry of Welfare, as well as prefectural agencies, were directed in organizing and carrying out this program. During the later months of 1946, special sales of former Army and Navy medical supplies and equipment were instituted throughout Japan resulting in an accelerated rate of distribution.

184. Although the Japanese pharmaceutical industry had produced sulfa drugs prior to the arrival of the occupation forces, the amounts were not substantial and the quality questionable. A large portion of the production had been utilized in the manufacture of patent medicines. A comprehensive production plan was developed and steps taken to provide necessary plant facilities and raw materials.

185. Penicillin had not been manufactured in Japan prior to the occupation, although some laboratory research was in progress. The Japanese were anxious to produce penicillin. Manufacturing, primarily on a laboratory scale, was instituted during the early part of 1946.

186. The extensive repatriation program required the distribution of large quantities of miscellaneous items, such as drugs, vaccines, surgical dressings, surgical instruments and appliances, hospital equipment and clothing. Under direct supervision, the Ministry of Welfare handled this problem in a highly satisfactory manner. It was necessary to ship vaccines and other supplies to China, Manchuria, Netherlands East Indies, and other areas included in the repatriation program. During the early stages it was necessary to supplement Japanese supplies with a limited amount of U. S. material, such as surgical dressings, instruments, sterilizers, syringes and needles.

187. The Japanese Government had made little progress in establishing a relief supply agency on a national level. Such relief supplies as were provided, were furnished by various prefectural and private organizations. Relief supply was considered to be a local problem and, to a great extent, was handled by neighborhood groups. At the time the former Japanese Army - Navy supplies were released by the occupation forces for civilian use, allocations of food and clothing for relief purposes were established by the Japanese Government. Stocks consisting of approximately 30,000 tons of canned meats, fish and biscuits, and three million pieces of clothing were included. These supplies have been distributed, under the direction of SCAP, as necessity developed. The food was particularly useful in supplying hospitals and indigents during the food deficit period that occurred during the summer of 1946. A relief supply agency was developed under the Ministry of Welfare for the purpose of estimating requirements and directing distribution of relief supplies.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

188. Substantial progress has been made during the second year of the occupation on all phases of medical supply production and distribution. The activities during this period have included a continuation of basic programs developed during the first year. It has, however, been necessary to place special emphasis on the production and distribution of many additional commodities, such as venereal disease drugs and X-ray film.

189. Sweeping changes have been made in the system of production control and allocation of raw materials. The responsibilities of the Ministry of Welfare have been clearly defined and other Japanese agencies recognize the Ministry as the agency responsible for supply of medical and sanitary materials. With the establishment of the Economic Stabilization Board, responsibility for allocation of raw materials was removed from the various industrial groups that had maintained a monopoly. The Drug Manufacturing Section of the Ministry of Welfare was designated as the agency responsible for allocations to medical supply industries. It was necessary to employ additional personnel to assume the burden of allocation and to organize this personnel into a working unit. The Ministry of Welfare has kept step with the development of the Economic Stabilization Board, has assumed complete control of allocations made by this Board, and is making definite allotments of these raw materials and intermediates to manufacturing plants. This may be considered as one of the most important developments in the production of medical supplies and equipment during the second occupational year.

190. A constant increase in total output of medicines has been accomplished. Monthly reports, indicating yen value of production of medicines, have been obtained since the beginning of the occupation. The category of controlled medicines has shown a gradual increase from ¥ 2,552,091 in September 1945 to, approximately, ¥ 135,000,000 in August 1947, and the category of non-controlled medicines, which includes important medicines in the Japanese Pharmacopoeia, has shown an increase from ¥ 6,028,966 in September 1945 to, approximately, ¥ 90,000,000 in August 1947. These figures are difficult to evaluate due to some increases in price; however, production of medicines has shown tremendous increase during the past two years.

Total production controlled medicines 1st occupational year - ¥ 105,927,095
" " " " 2nd " " - ¥ 650,012,877
Total production non-controlled medicines 1st occupational year - ¥ 400,090,98
" " " " 2nd " " - ¥ 977,513,33

191. The distribution system is being completely revised. Although the new ration distribution system has not actually been placed in effect, all preliminary work has been completed and the necessary implemented directives are in the process of distribution to field agencies by the Pharmaceutical Affairs Section of the Ministry of Welfare. Under this system medical supplies considered to be in a critical supply status, will be rationed to hospitals, doctors, dentists, veterinarians and other using agencies through a system of ration coupons. Since the beginning of the occupation the number of items of medical supply considered to be in a sufficiently critical supply status as to warrant control over distribution, has been reduced from 365 to 133.

192. The overall production of sulfa drugs has increased several hundred percent and averages over 15,000 kgs. per month. Production of sulfathiazole has increased from insufficient quantities to a total of approximately 2,300 kgs. per month.

193. During the latter part of 1946 a Penicillin Consultant was temporarily assigned for the purpose of instituting a comprehensive production program. The Ministry of Welfare has now developed a complete program for the next year. Conversion from surface production to the submerged method is in process. Although at the present time the bulk of the production is still from surface plants, several companies have demonstrated ability to produce,

by the submerged method, through the construction of pilot plants. Factory scale production is the next goal. Although production is still negligible by U. S. standards, the program is now well underway and rapid advances are being made. Production has reached a total of 355,000,000 units per month.

194. Production of insect and rodent control supplies and equipment was planned well in advance of actual requirements and the full quota produced on schedule. Indigenous production of spraying and dusting equipment is adequate to meet requirements and further imports will not be necessary.

Production of Insect and Rodent Control Supplies

		1st Year of Occupation	2nd Year of Occupation
Pyrethrum emulsion	gal. (X-30)*	600,000	658,100
DDT Dusters	ea.	31,846	62,456
Sprayer, knapsack, 3 gal.	ea.	10,000	39,713
Sprayer, pump type, semi-automatic	ea.	5,000	26,520
Antu (rat poison)	ton	90	120
DDT spray, residual, 5%	gal.	**	600,000
DDT Dust, 10%	lb.	**	6,182,788

* Requires dilution with 30 parts water.
** During the first year of the occupation all DDT products for civilian use were distributed through occupation forces supply channels.

195. Production of DDT concentrate was instituted during the year and has now reached a monthly total of 8,000 kgs. Local production is inadequate to meet requirements due mainly to shortage of raw materials and import must be continued until such time as sufficient raw materials may be made available. The importation of finished DDT products was discontinued and the Japanese have developed ample facilities for processing of DDT dust and spray, utilizing imported concentrate.

196. The Japanese Government assumed complete responsibility for distribution of DDT products thus relieving occupation forces of this burden. Imported DDT concentrate is channeled directly to Japanese agencies upon receipt, for necessary processing into spray and dust and subsequent distribution throughout Japan. Distribution is handled by commercial agencies under contract with the Japanese Government, which has proven to be a very satisfactory arrangement.

197. A comprehensive production program of sanitary materials such as absorbent cotton, surgical gauze and bandages was instituted. The Japanese Government allocated imported raw cotton in the amount of 10,000,000 lbs. for the first year of the program and 20,000,000 lbs. for the second and third years.

198. The production of all types of vaccine and sera has reached a satisfactory level including typhus vaccine. The importation of typhus vaccine has been discontinued.

Production of Principal Biologicals

		1st Year of Occupation	2nd Year of Occupation
Smallpox Vaccine	doses	100,000,000	31,656,470
Triple Typhoid Vaccine	cc	45,000,000	115,129,800
Cholera Vaccine	cc	51,400,000	6,161,400
Diphtheria Toxoid	cc	21,631,490	3,463,080*
Typhus Vaccine	cc	-	6,486,687

* Production of diphtheria toxoid for 1947 will start in September. The quota has been set at 25,000,000 cc.

199. The institution of an anti-tuberculosis program necessitated an increase in the production of X-ray machines and X-ray film. A total of 100 photoroentographic 35 mm. machines have been completed which is considered to be sufficient to carry out the program. Substantial increases have been made in the production of X-ray film and a quota sufficient to meet domestic requirements has been established. Monthly production has reached a total of 36,000 square meters. In view of the critical shortage of X-ray film in the U. S., it has been necessary to supply a portion of occupation forces requirements from Japanese production. Film is also being exported to U.S. occupied Korea to cover requirements for civilian use.

200. Modern drugs for the treatment of venereal disease, such as mapharsen and bismuth subsalicylate, had not previously been produced in Japan and with the development of the VD control program it became necessary to institute production of these drugs. Monthly production has now reached a total of 31 kgs. of mapharsen and 331 liters of bismuth subsalicylate. Sulfathiazole for VD treatment is being supplied from Japanese production.

201. A production program for accelerating production of laboratory animals was necessary to accomplish assay on increased output of biologicals. The requirement was further increased due to establishment of higher standards for the principal biologicals. A Japanese committee was organized to participate actively in resolving this problem. Additional animal feed allocations and materials for construction of cages was obtained. This action, together with widespread publicity encouraging farmers to increase production, has gained excellent results.

202. Distribution of stocks of former Japanese Army and Navy medical supplies has continued throughout the second occupational year. Special sales, on a ration basis, have produced best results in effecting expeditious and equitable distribution.

Sales of Former Japanese Army and Navy Medical Supplies and Equipment
Unit: Yen

	1st Year of Occupation	2nd Year of Occupation	Total
Drugs and chemicals	14,894,278	63,818,298	78,712,576
Medical Instruments and Dental appliances	2,526,714	9,407,358	11,934,072
Sanitary materials (Surgical dressings)	2,276,725	8,613,399	10,890,124
Surgical appliances	492,698	1,820,692	2,313,391
Total	20,190,415	83,659,747	103,850,164

203. Ministry of Welfare officials took an active part in providing and distributing relief supplies during the earthquake that occurred in December 1946. Stocks of imported medical supplies, held in reserve storage for emergency use, were released for distribution by Japanese agencies. Food and clothing were furnished in ample quantities mainly from Japanese stocks.

204. The critical shortage of paper necessitated a detailed study of requirements and close supervision over allocations. Ministry of Welfare officials prepared an estimate of minimum requirements and allocation officials have approved the figures as submitted, which cover the following general categories:

Internal requirements of the Ministry
Professional literature (journals, etc.)
Professional manuals and books
Packaging of medical supplies

205. Definite steps have been taken to provide materials and equipment for the rehabilitation of hospitals. This problem has been approached by initiating a detailed study of requirements. The Ministry of Welfare has computed requirements of fuel for heating, sterilizing and cooking in each hospital in Japan. Overall requirements of construction material and other items required for routine maintenance, have been prepared and submitted to allocation agencies.

206. The Pharmaceutical Education Program has been continued throughout the second occupation year. The Japanese Pharmaceutical Educational Council is functioning satisfactorily. The Ministry of Welfare has taken steps to require examination of all pharmacists before a license to practice is granted.

FUTURE PROGRAMS

207. The following is a resume of the basic programs pertaining to supply operations all of which are to be continued in the future.

a. Organization and training of appropriate agencies in the Japanese Government capable of initiating, supervising and directing a comprehensive program of medical, sanitary and welfare supply and narcotic control.

b. Supervision and guidance over the production of medical and sanitary supplies required to meet minimum requirements.

c. Supervision and guidance in the distribution of medical, sanitary and welfare supplies.

d. Rehabilitation and equipment of hospitals, clinics, sanatoria, orphanages and other welfare institutions.

208. The production control program is well underway and the Drug Manufacturing Section is in a position to estimate requirements and sub-allot allocations made by the Economic Stabilization Board. Additional work will be required in connection with production scheduling with a view to insuring that manufacturers utilize limited stocks of raw materials in producing high priority items.

209. Insofar as the new distribution system is concerned, the necessary planning has been completed. There now remains the task of installing the system and exercising necessary follow-up.

210. Substantial progress has been made at the national level in securing allocations of materials for rehabilitation and maintenance of hospitals. The allocations must be followed up to insure actual delivery.

Narcotic Control

BACKGROUND

211. Conditions at the beginning of the occupation may be briefly summarized as follows: Narcotics, both finished and crude, were scattered throughout Japan in caves, medical depots, Army and Navy hospitals, and other military and industrial establishments. There was a complete absence of control over distribution. Emphasis was placed on production of narcotics from opium and coco leaves, imported from Manchuria, Mongolia, Formosa, Iwo Jima, Okinawa and the middle East, with complete disregard of international obligations to limit and report such transactions to bodies charged with regulating the supply and distribution of narcotics throughout the world. Figures of production as furnished by the manufacturers to the Japanese Government were maintained in Japanese Government files, but "planned" figures, showing, for instance, one-sixth of the actual production of heroin, were submitted to the Supervisory Body of the League of Nations as true production figures. Heroin

was shipped from Japan and Korea to Manchuria in quantities that would more than suffice for total world requirements.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

212. The proposal approved by the Narcotic Drugs Commission of the United Nations, 4 December 1946, for the measures to be taken in preventing Japan from again becoming a center of illicit distribution of narcotic drugs, embodies principles which had already been established during the first year of the occupation under the Narcotic Control program, currently functioning in Japan. This program was effectuated through the following basic procedures:

a. Planting, growth and cultivation of narcotic seeds and plants has been prohibited.

b. All heroin, a high-tension dangerous narcotic formerly reaching illicit markets in the United States from Japan, has been destroyed.

c. Manufacture and exportation of narcotics have been prohibited.

d. Importation has been limited to the amounts determined necessary for medical treatment of the Japanese people.

e. Narcotic laws establishing strict centralized control have been encated.

f. A narcotic enforcement agency extending throughout every prefecture in Japan has been established.

213. In the fall of 1945, after growth, manufacture and exportation was prohibited, all crude and semi-processed narcotics were taken into custody by United States forces. All Japanese Army and Navy medicinal narcotics were taken into custody, inventoried and stored. These medicinal narcotics have since been turned over to SCAP-approved wholesale houses for repackaging and distribution under strict control regulations which were enacted into Japanese law in June 1946.

214. Legislation, establishing a strong centralized control over distribution of narcotics by dealers, was enacted, as required by a SCAP directive, following six months of conferences and preparation. The dealers, numbering approximately 84,000, must register annually and submit periodic reports. Every transaction between dealers, who must follow prescribed procedures, is reported monthly to the Japanese Government through prefectural offices. Monthly summaries of these reports are received by SCAP. These summaries are accurate statements on the working stock (wholesalers' stocks) of narcotics in Japan, and give detailed information of violations, seizures, thefts, arrests and convictions.

215. The largest single seizure of narcotics occurred in February 1946 when seven and one-half tons of opium were seized and seventeen Japanese convicted in connection with attempting to smuggle the opium into Japan. Sentences ranging up to five years penal servitude, have been meted out in Japanese courts.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

216. During the first year of the occupation the basic policies of narcotic control were firmly established. Necessary legislation in narcotic control was enacted and inventory of stocks completed. Second year activities have included, mainly, the development and training of an effective enforcement agency and supervision over enforcement activities. Approximately 200 Japanese narcotic inspectors have been appointed. The number in each prefecture ranges from two to twenty with supervision and direction from new narcotic officials in the Japanese Government who have had no connection with

former narcotic policies in Japan. Narcotic inspectors work in close liaison with the police, and are receiving instruction and guidance in narcotic investigation procedure from SCAP's Narcotic Control Officers.

217. In the past, Japanese reports have always indicated a comparative scarcity of narcotic addicts. This was contrary to presumptions since any doctor or pharmacist in Japan could purchase and dispose of any amount of narcotics without thought of accounting. Recently a drive was inaugurated to locate and obtain data on all addicts. Many doctor-addicts are being apprehended. Four out of seven prostitutes arrested in one drive were addicts. In another instance six addicts were found in one "cho" (block) in Tokyo.

218. Emphasis was placed on providing secure storage for concentrated stocks of narcotics. Wooden storage rooms with panel-glass doors have been replaced with modern fire-proof vaults with combination-lock steel doors. Repackaging operations are now conducted in strictly supervised sanitary laboratories, access to which may be gained only by authorized persons. This is a far cry from former conditions when burglary was unnecessary because of lack of control over distribution, and when packaging operations were performed in open sheds to which all the factory employees had access.

219. Paradoxically, narcotics, which justifiably were regarded as the most difficult items to control in Japan, were the first medicines to be placed on a free trade basis for distribution. The Narcotic Control program, which requires accurate accounting for all sales restricted to minimum amounts as needed, from the compounding and repackaging firms to the patient requiring treatment, has made this possible. There has not been a reported instance of narcotics having reached other countries from Japan.

220. The Narcotic Control Branch has prepared and submitted all reports on narcotic stocks and control measures required by the United Nations Council and the Commissioner of Narcotics, Washington, D. C.

FUTURE PROGRAMS

221. Future programs will be directed toward development and training of narcotic enforcement agencies and close supervision over all activities pertaining to the requirements, distribution, storage and use of medicinal narcotics.

DENTAL AFFAIRS

MISSION

222. Advises on all matters pertaining to dental hygiene, health, education, dental supplies and equipment as required for establishing or reestablishing an adequate program among the civilian population. Initiates policies, procedures and compiles and evaluates all information desired as to personnel and clinics needed in an overall dental health program. Maintains liaison with all echelons on policies and requirements, for the program.

BACKGROUND

223. In September 1945 there was complete collapse of all dental activity. Only 11 concerns producing dental materials and equipment remained out of 140 which existed prior to the war. Fortunately these 11 were the largest producers and managed to maintain production at about 50% of the peace time rate.

224. Eight dental schools remained after the war - six for males and two for females. One was operated by the National Government, one by the Prefectural government and the rest were managed by private corporations. All but three had been destroyed or damaged by air raids. All clinical and laboratory equipment had deteriorated and the use of gas, water and

electricity had been stopped or reduced. Many faculty members and students had joined the military service and the remainder worked part-time in factories or on farms. The courses were shortened and revised to include much war propaganda. German was the language used in teaching and the German system of instruction was utilized.

225. Nearly six thousand private dental clinics were destroyed by air raids, all dental materials were scarce and of very poor quality. Social dental insurance was greatly curtailed.

226. All dental hygiene in public schools had ceased due to shortage of dentists and materials. No examination for licensure was required of practitioners and professional standards were very low. The Japanese Dental Association was a quasi-governmental organization with compulsory membership amounting to about 20,000 members.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

227. The first step taken to revive the dental profession was to obtain permission of the Reparation Commission to release precious metals for dental purposes, on a quarterly basis. A Council on Dental Education was appointed, composed of leading practitioners and educators in the country. Laws were passed permitting dental schools to attain University standards, two of which did attain this rating in 1946. Three years were added to the preliminary schooling as a requirement for entry into dental school. Co-education was approved for all dental schools.

228. The entire curriculum was revised, assigning appropriate hours to subjects according to their importance and eliminating those considered irrelevant. Many new subjects were also added. A detailed survey of each school was accomplished, showing the floor area, amount and condition of equipment, number of professors and instructors, number of other employees, number of students, size and type of library, amount and source of income and expenditures.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

229. At monthly meetings attended by the faculties of all schools, each subject in the curriculum, both basic and dental, was discussed and method of teaching and improvement outlined.

230. The Dental Materials Control Company was dissolved and free trade restored for dental items, with exception of precious metals. A National Board of Dental Examiners was established. All graduates must successfully pass the examination conducted by the Board before license to practice is granted. The Ministry of Education appointed a board of School Inspectors whose duty it is to assure that schools meet the minimum standards set by the Council on Dental Education.

231. Three more dental schools were granted University standing, which permits them to accept students in the pre-dental school under the 6-3-3-2-4 plan. Eighty-three percent of the dentists who were displaced by the havoc of war have been reestablished in practice.

232. Reorganization of the Japanese Dental Association eliminating the objectional, undemocratic features such as compulsory membership, unequal membership fees and domination by individuals and outside sources is practically completed.

FUTURE PROGRAMS

233. Surveillance on all current projects must be continued, particularly in the educational phase, if desired permanent results are to be obtained.

234. A dental exhibit for the Public Health Railroad car, which is to be shown throughout the country, is being installed. Moving pictures produced by the American Dental Association on oral hygiene subjects, will be shown to the school children of the nation. Translation of American texts into Japanese, when paper and printing are available, is contemplated.

235. Completed mobile dental clinics, modeled after our army truck clinics and for use in outlying school districts, will be placed in operation. Dental services will be established in each of the Health Centers.

236. Attempts will be made to increase the number of school dentists employed in the 19,066 elementary schools. At present there are only 7,565 so employed.

NURSING AFFAIRS DIVISION

MISSION

237. Advises on the establishing of adequate and efficient general nursing programs, including nursing education, public health nursing and midwifery. Education of nurses, a neglected procedure in Japan, will be established in accordance with existing policies to prevent the spread of communicable diseases, to preserve health and to prevent unrest. Operates in coordination with national and international relief agencies in planning policies and procedures for maintaining an adequate public health situation. Supervises and advises Japanese agencies in organizing and administering those agencies necessary to provide an adequate corps of nurses required in a national public health program. Coordinates and directs surveys as to public health and welfare nursing needs.

BACKGROUND

238. At the time of the Japanese surrender, the nursing program had reached its lowest ebb. Before the war there was a trend toward standardization, but this failed during the war years and gradually standards were lowered. Students were admitted to schools of nursing at an age younger than eighteen years, courses were shortened to one or two years and a depletion of adequate, trained personnel occurred with the absorpiton of approximately 34,000 nurses by the Army and Navy. Standards of education, registration and organization varied considerably.

239. The midwifery program suffered the same cut in standards, becoming even more critical as the highest pre-war standards were low in most schools.

240. According to Japanese reports, there were a total of 39,727 students in training. This included clinical, public health and midwifery students. Graduates numbered 166,341 of these three branches; clinical, public health and midwives. There were 605 training schools listed.

241. In Japan there were three separate nursing organizations - the Japanese Midwives' Association, Japanese Nurses' Association, Japanese Public Health Nurses' Association. These associations functioned independently of each other - the Midwives' Association was very powerful, the Public Health Nurses' Association very active, the Nurses' Association weak and inactive. Officers of all the associations were men - the nurses and midwives had no voice in the management of the associations.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

242. An overall survey of existing schools of nursing and available personnel was organized under the supervision of SCAP. It includes representatives of Nursing Affairs Division, Japanese Ministry of Education. Ministry of Welfare, Clinical Nurses' Association, Public Health Nurses' Association, Midwives' Association and leaders from schools of nursing in Japan. The highest, middle and smaller schools were well represented.

The purpose of the council was to improve nursing education standards. Committees and sub-committees were formed to study various phases of the work and to make recommendations. All matters and reports have been brought to the central council for voting and final disposition.

243. Out of this council came the request for a Model Demonstration School of Nursing which was opened in Tokyo at the Central Red Cross Hospital, 1 June 1946. St. Luke's College of Nursing and the Red Cross Hospital students were merged into one student body, numbering 420, for the purpose of continuing their course of study, to raise nursing standards and to train leaders. The faculty of both schools are being utilized along with a staff of American nurses who are assisting, supervising and teaching. Out-patient departments are large and well equipped for practical nursing experience. Supervision is given to all students in all departments, along with affiliation in two other hospitals.

244. The request for short refresher courses for graduate nurses also originated in this council. Three have been given; the first, supervised by SCAP personnel, consisted of 120 hours, with 95 nurses being enrolled. The second refresher course was conducted almost entirely by Japanese nurses, with 50 nurses enrolled.

245. Legislation to raise the standards of nursing throughout Japan was initiated.

246. Two booklets on tuberculosis from the National Tuberculosis Association in America have been translated and published. One Public Health Nurses book on tuberculosis has been translated and printed.

247. Three monthly magazines were started and are being published: (1) Public Health Nursing, (2) Japanese Journal of Nursing and (3) Health and Midwifery.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

248. The Demonstration School of Nursing was granted a recognition as a College of Nursing by the Ministry of Education, retroactive to June 1946. The senior class of 71 graduated in March 1947. The new class began 2 May with 55 students enrolled. The staff has compiled, translated and published their own nursing procedure manual.

249. The National public health program for refresher courses for Public Health Nurses opened at the Institute of Public Health on 2 April 1947. This program is under the direct supervision of the Institute of Public Health with guidance from SCAP. Seven hundred thirty Public Health Nurses are to be trained in groups of 50. This will include one nurse from each health center in Japan, one from each prefecture and nine from the larger cities. This is a four-month course which will include intensive didactic work and practical field experience. The field experience will be obtained in ten health centers in Tokyo and the nearby prefectures. The second four-month course opened 4 August 1947 with 51 nurses enrolled.

250. To prepare the personnel in the health centers for the responsibility of supervision of this field work, a brief refresher course was given. This course was of one-month's duration and most of the instruction was furnished by SCAP Nursing Affairs personnel. Twenty-five nurses were selected from Health Centers and given 96 hours of classroom work and demonstration in February 1947.

251. A six-months' refresher course in tuberculosis nursing was given under the sponsorship of the Japanese National Tuberculosis Association. Twenty-four nurses completed this course in June 1947. Four other short courses have been given to various groups, according to the need. These schedules and the subject matter have been carefully planned and SCAP Nursing Affairs personnel have shared a large number of the actual teaching hours

and demonstrations in order to be assured that up-to-date material would be received by the nurses.

252. The first Institute was held in the Red Cross Hospital for clinical nurse leaders with 41 nurses enrolled in this one-month course. This was sponsored by the Educational Committee of the National Association. The second and third courses were called "Work Shop Institutes" and were held for the nurses on the island of Kyushu. The first one was held 5 - 10 May 1947 at the National University Hospital in Fukuoka with representation from four invited prefectures. Fifty-three nurses were enrolled in this course. The second was held 12 - 17 May 1947 at the National Sanatorium in Kumamoto with three prefectures represented. Forty-five nurses were enrolled.

253. The latest Institute called "Summer School for Nurses and Midwives" was of one month duration and held in the Red Cross Hospital in Osaka on 11 August 1947. This course was sponsored by the Educational Committee of the National Association.

254. In April 1947, extensive surveys of schools of nursing, midwifery and health centers were completed in all 46 prefectures. These surveys determined the existing standards in the various schools of nursing, and the number of schools that will meet the requirements of new legislation, governing the standards of schools of nursing. Information was obtained relative to curricula, educational standards, physical set-up and degree of training. A number of the schools surveyed are in good condition and with some assistance, could continue with a standardized training program.

255. A group of twenty nursing and midwife leaders formed a study group and held regular meetings to discuss organizations, functions, constitutions programs. In November 1946 the three associations held their annual meetings in Tokyo. At that time, the above group called for a meeting of members of the three associations and presented a proposal to form a national association, to be known tentatively as the Japanese Midwives, Clinical Nurses, Public Health Nurses Association, with membership limited to actively licensed nurses and midwives, and with the offices to be held by nurse and midwife members. There were approximately 1,300 people present at this meeting. It was voted to establish the new proposed association, a constitution was proposed and adopted, temporary officers were elected to serve until the first annual meeting in April 1947. The four months interim would serve as a period for setting up the organization, planning programs, registering the association as a juridical person, giving opportunity for the officers to learn the principles and practice, duties and responsibility of holding office.

256. In April 1947 the Association held a meeting in Tokyo, all prefectures being represented. New officers were elected for the ensuing two years and committees appointed. On 4 June 1947, this organization was registered as a juridical person, and therefore recognized by the Japanese Government.

257. The Nursing Education Council agreed that to improve standards of nursing, changes must be made in the method of legal registration and licensure of clinical nurses, public health nurses and midwives. This proposed legislation became a law 3 July 1947.

258. The new regulations place the whole registration program under the Ministry of Welfare, on a national basis, removing it from the present prefectural controls. It requires higher standards of nursing education programs, higher standards of schools of nursing and hospitals affiliated with the schools. Requirements are for a three-year clinical nursing course, with definite specified programs, with definite requirements to be met by school faculties, hospital facilities, and services for practical experience. Public health nursing and midwifery programs will be on a post-graduate level, with graduation from a three years' clinical course required.

259. The organization for the registration program will be as follows! Authority rests with the Ministry of Welfare. A central council, with representation from midwifery, public health nursing, clinical nursing and other fields, acts as a policy-making group, setting up the standards specified by law. A Board of Examiners in each of the Japanese administrative areas, carry out the program on a regional level.

FUTURE PROGRAMS

a. Continued assistance in the National Public Health Nurses Program.

b. Continued advisory help to the Japanese Midwives, Clinical Nurses and Public Health Nurses Association and organization of the 46 prefectural branch associations.

c. Assisting in various hospitals by giving special courses to help prepare the nurses in meeting the requirements of the new legislation.

d. Guiding the Ministry of Welfare in setting up the machinery for the new legislation and national examinations.

e. The continued assistance to the Model Demonstration School of Nursing and to install the fourth year course of Public Health Nursing as part of the program.

f. To obtain scholarships for nurses to study abroad.

g. Translation of books, magazines, etc., on nursing subjects.

h. Recruiting of Public Health Nurses for the 46 Prefectures, to extend the nursing education program to additional schools and to assist in supervision of public health nursing activities in the reorganized health centers.

VETERINARY AFFAIRS DIVISION

MISSION

260. Advises on all matters pertaining to animal health and diseases which are hazardous to human health or which may reduce the livestock population resulting in impairment of local sources of meat and all other matters pertaining to meat and by-products intended for human consumption. Advises on policies for obtaining, compiling and evaluating information and data relative to animal diseases and control, meat production and by-products as to inspection and handling. Initiates policies, procedures and implementation of existing directives in the prevention of animal diseases, inspection of animals, slaughter, inspection and handling of animals intended for human consumption, the production and handling of milk for human consumption. Advises on protective measures of animal diseases and the control of diseases including the disposal of diseased animals. Determines and advises on the supply and equipment requirements for establishing or re-establishing the control program of animal diseases affecting the production of food by-products, draft animals and breeding stocks.

BACKGROUND

261. Veterinary activities were curtailed by the war to the point where they were nearly non-existent in most parts of the country.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

262. Upon arrival of the occupation forces, the Japanese Government was directed to: (1) establish measures for the control of animal diseases, (2) submit animal disease reports, (3) submit reports on the manufacture of

vaccines and sera, (4) establish measures for the inspection of meat and dairy products and (5) submit reports on meat and dairy inspection and testing of dairy cattle for tuberculosis.

263. Steps were also taken to resume the manufacturing of serums and vaccines.

264. The Japanese Veterinary Association was reactivated and at the same time a council was organized on veterinary educational reform. A program for National Licensure Examination was started as well as programs for the constant surveillance of Japanese officials to insure that animal diseases were properly controlled, meat and dairy inspection methods improved. At the same time increased activity in the manufacture of veterinary supplies was stressed.

265. Literature concerning meat and dairy inspection, animal disease control and veterinary education was disseminated among the various prefectures. Surveys were also made of 30 of the 46 prefectures in Japan to determine status of veterinary conditions.

266. Conferences were held at Kyoto and Fukushima during which all Japanese veterinary officials throughout Japan attended. These conferences gave SCAP veterinary personnel the opportunity to educate and train the Japanese officials in all matters relating to veterinary standards.

ACCOMPLISHMENTS - SECOND OCCUPATION YEAR - AUGUST 1946 - AUGUST 1947

267. During the second year improvement of the efficiency of Japanese government veterinary officials, on national and prefectural levels, has been constantly stressed. This has resulted in increasing the number of veterinary personnel and the raising of inspection standards. Efforts were taken to provide a Military Government veterinary officer in each of the regional Military Government Teams, of which there are nine. Three such teams now have a veterinary officer and the assignment or recruitment of the remaining personnel is being accelerated.

268. The production of veterinary supplies and biologicals has been coordinated and resulted in marked production increases. The Japanese Veterinary Medical Association was encouraged to publish a journal on professional subjects as well as publications on technical subjects for use by veterinary officials.

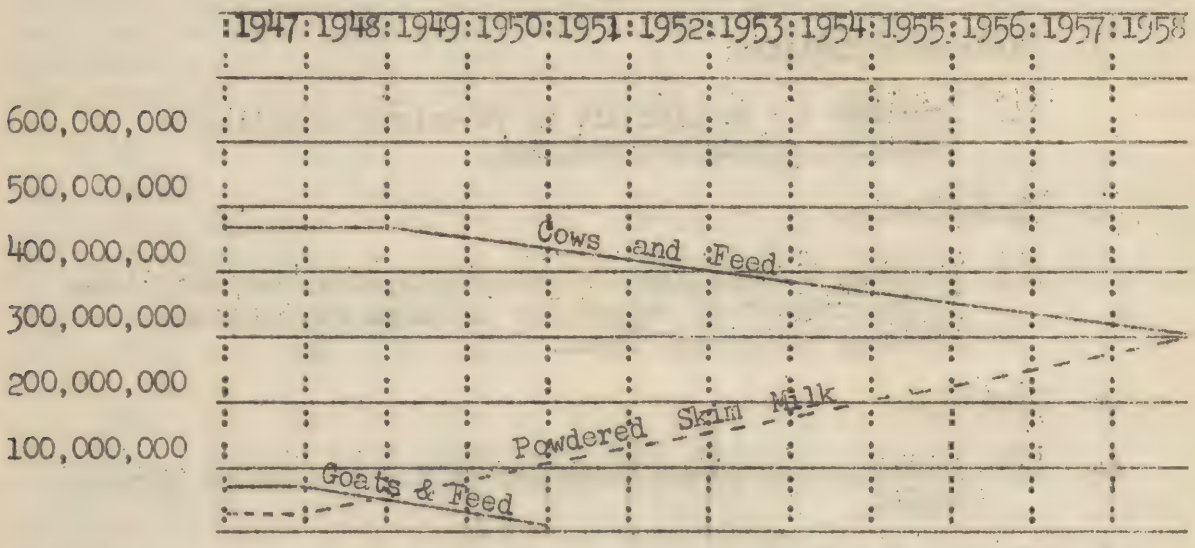
269. Minimum standards have been adopted by the Veterinary Education Council which provide for 12 years preliminary education and four years college education. Plans have been approved by the Ministry of Agriculture and Forestry for national examinations for veterinary license, the first such examination scheduled for 1949.

270. Constant surveillance of Japanese veterinary officials has been exercised and continued inspections have taken place to correct deficiencies. Ante and post-mortem examination of meat is being accomplished in all slaughter houses and the inspection procedures have been improved by demonstrations and distribution of technical bulletins. Inspectors have been placed in all meat processing establishments.

271. All outbreaks of animal disease have been controlled, no epidemics having been reported. Tuberculosis tests of one-third of the dairy cows in Japan were completed in 1946 and the 1947 tests are currently in progress. The rabies immunization of dogs was initiated during the second occupational year. Dairy inspection activities have been expanded and general improvement has been noted. The Dairy Score Card method of inspection, currently used by United States Public Health Service, was introduced into Japan and is being utilized in all the 46 prefectures.

272. The Society for Prevention of Cruelty to Animals has been revived and will sponsor the humane handling and disposition of livestock.

273. Continued assistance has been given Japanese veterinary officials on such problems as increasing the milk supply, increasing stock supply, problems related to animal feed stuffs and, more recently, a detailed study was made on the relative cost of importing cows, goats and feed versus powdered skim milk.



The cost of milk is much less in 1947, but by 1949 the accumulated total equals that for goats and by 1959 that for cows. After these dates the milk becomes the most expensive.

274. In order to provide good stock for animal breeding, 25 Holstein bulls were shipped to Japan from the United States, a gift of the Brethren Society.

FUTURE PROGRAMS

275. a. Japanese Governmental Organization.

(1) Improve the quality of veterinary personnel on national and prefectural levels.

(2) Strengthen the Veterinary Division of the Ministry of Welfare by raising it from a sub-section to a section and increasing its personnel.

b. Animal Disease Control.

(1) More prompt detection and improved control of animal disease outbreaks.

(2) Completion of tuberculosis testing program.

(3) Completion of rabies immunization program.

(4) Publish technical bulletins.

c. Meat and Dairy Inspection.

(1) Improve inspection methods.

(2) Improve sanitation and equipment.

(3) Improve operating methods.

(4) Publish technical bulletins.

d. Veterinary Education.

(1) Place educational reforms in actual operation.

e. National Licensure Examination.

(1) Place in actual operation.

f. Veterinary Supplies.

(1) Increase the manufacture of veterinary supplies, including serums and vaccines.

g. Surveillance.

(1) Increase surveillance of Japanese prefectural officials by procurement of veterinary officers for regional Military Government Teams.

h. Livestock.

(1) Introduce new blood lines for rehabilitation of existing herds.

i. Japanese Milk Supply.

(1) Increase by crossbreeding draft and dairy cattle, raising more goats, and importing f od.

NUTRITION

MISSION

276. Advises on all nutrition affairs in relation to the civilian population of Japan, Korea and the Ryukyus. Assists in arriving at sound decisions and recommendations involving nutrition. Supervises and counsels various Japanese Ministries on the conducting of nutritional surveys in Japan. Submits analyses of reports on nutritional surveys. In collaboration with Natural Resources and Economic and Scientific Sections, decides the amount and requirements of food for imports to Japan. Serves as a professional advisory on the food problem relative to an adequate public health program. Recommends and supervises for competency, adequacy and efficiency, the numerous food surveys throughout the nation.

BACKGROUND

277. The Japanese people, during the war years, had been on a restricted rationed diet, which became more severe as the war progressed and shipping was curtailed. The military had seized and stored large quantities of foodstuffs for their forces, leaving the civil population deficient in their normal food requirements. The resultant confusion of the capitulation caused a disorganization of the existing ration system; lack of adequate transportation prevented proper distribution of the meager food supplies available.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

278. The immediate problem was to determine the actual food consumption and nutritional status of the nation, with the goal of keeping imports at an absolute minimum.

279. An accurate appraisal of the Japanese food situation is dependent upon data concerning the nutritional status of the population and information with regard to the actual food consumption. Inasmuch as the official ration level is below a minimum subsistence diet, it is to be expected that consumers will supplement ration issues with home production, gifts, and blackmarket purchases of food. In order to secure the desired information concerning the nutritional status and food intake of the population, the Japanese Government was required to conduct nutrition surveys in Tokyo in December 1945; in four of the larger cities - Nagoya, Osaka, Kure and Fukuoka - in February 1946; Sapporo, Sendai, Kanazawa and Matsuyama were added in May 1946. In addition, an equal number of people were surveyed in the rural areas of the prefectures surrounding the cities. These surveys now cover Tokyo, the eight cities and twenty-seven prefectures and are repeated every three months.

280. The surveys included physical examinations of a random sample of the communities for certain symptoms associated with nutritional deficiency, including body weights and heights. In addition, the food consumption was obtained on one-half of the number given physical examinations. The total number of individuals examined every three months is approximately 150,000. The results are considered reliable and there is a good indication they are comparable from survey to survey.

281. The nutrition surveys have shown the variations in food intake resulting from the seasonal availability of indigenous food crops. In the fall and winter months, following the harvest of the rice and sweet potato crops, consumption has risen, and then during the late spring and summer months food intake fell off sharply with the depletion of stocks of staple foodstuffs. The slightly high per capita caloric intake in Tokyo in December 1945 of 1,971 calories largely was the result of the customary high consumption of sweet potatoes in the fall. The production of sweet potatoes, which yield very high food value per unit of land, has been expanded considerably in recent years, and because of the limited processing and storage facilities, it is difficult to store sweet potatoes beyond January.

282. The nutrition surveys in four cities in February 1946 indicated much lower food intake than had prevailed in Tokyo in December. Tokyo was not surveyed at this time. The subsequent nutrition surveys in May indicated a definite decrease in food consumption in Tokyo largely as a result of the curtailment in ration distribution at that time. There was a slight decrease in caloric consumption in the eight cities in May. The food situation in Tokyo improved in August chiefly because the staple food ration, low as it was, was supported with imported food. The caloric consumption in the eight cities however, continued to decrease (1567) calories. In four of the cities it fell to approximately 1300 calories. This drop in food intake in August was due to the fact that curtailment in ration distribution, which had been largely confined to Tokyo and other major deficit areas in May, became widespread throughout the country in July, August and September.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

283. The caloric intake increased in all cities in November 1946 with the harvest of the rice and sweet potato crops. The caloric intake was slightly lower in February 1947. The May 1947 survey indicates a substantial drop in food intake reflecting the curtailment in ration distribution in certain areas and the reduced availability of food supplies from blackmarket sources. (See Inclosures Nos. 15, 16 and 17).

284. The data and the amounts of various classes of food consumed show the extent to which the Japanese depend upon grain products and roots for their energy, the very meager quantities of animal products and at present soy beans, and very low sugar and fat intake in their dietary.

285. The rural areas have lived, in relation to normal consumption, at a moderately low but uniform food intake throughout the year. There was a

definite increase in caloric intake in November 1946 related, as with the cities, to the sweet potato crop. The quantity of grain products was not increased in November even though available to the farmers. There was a slight decrease in caloric intake in February 1947. (See Inclosure No. 18).

286. The results of the physical examinations of the population do show a change in the proportion of individuals with symptoms associated with nutritional deficiencies, during the worst period of food restrictions. In May there were slight increases in the individuals with anemia, loss of knee jerk, and bradycardia in both cities and rural areas. These symptoms are often associated with a deficiency of the vitamin B complex. There is a seasonal drop in the vitamin B_1 content of rice and a lack of supplementary goods, including vegetables, in the winter which may have been as much a cause of the increase in symptoms as the decreased food supply.

287. Since May 1946, the surveys have indicated an increase in the number of individuals with symptoms related to nutritional deficiencies, particularly with reference to weight loss.

288. The results of the weighings showed there was a rather high percentage of young children, and individuals over 30 years, whose body weights were at least 10% less than the standard weight. In August, there was a general increase in the percentages of individuals in all age groups whose body weights were at least 10% less than the standard. The results in November are of the same order as those of May. (See Inclosure No. 19).

289. The Japanese people have been on a limited food consumption for a period of at least six years and as a result, are showing the mental lethargy and inability to carry out prolonged physical labor, characteristic of chronic malnutrition. The study made on the labor output in relation to food consumption among coal miners has shown that the tonnage per man dropped from 14 tons per day to 5.3 tons, as the caloric intake dropped. The growth rate in children, in surveys in the schools, have shown retarded growth both in height and weight, as compared to normal standards of height and weight in relation to age for these children. This inadequate food consumption is not only determined by caloric consumption, but also by the unbalanced diet. In the rural population the consumption averages only six grams of animal protein per person per day, and in the urban population, 14 grams per person per day; as contrasted to the normal requirement of 20 grams per person per day. Further evidence of this state of chronic inadequate nutrition is shown in the high susceptibility of the Japanese people during this period to any disease, particularly chronic diseases such as tuberculosis.

290. Efforts to reduce the effects of chronic malnutrition among the children has been undertaken by SCAP, with the inauguration of a "school lunch program" which began in January 1947. At present, this provides supplemental food particularly of the types most deficient in the diet of these children, namely, animal protein and calcium. As of May 1947, this program reached 5,486,418 children; in 3,548 schools in 200 cities, and 4,470 schools in village areas. The ultimate goal of this program, if food imports of sufficient powdered milk and other supplemental items can be obtained, is 13,000,000 lower school children and 5,000,000 middle school children.

291. The use of imported food has presented new and difficult problems to the Japanese, because at times it has been necessary to issue soy flour, corn flour, wheat flour and milo as the main food for the families for periods of a week or more. This has required a revision of methods of cooking as compared to rice, and the use of more fuel, which is short. The Japanese Government is undertaking an extensive consumer education program at the instigation of SCAP, to ensure that these unfamiliar imported foods are efficiently utilized.

FUTURE PROGRAMS

292. No changes in existing activities are planned. Surveys will be continued, also the education of the population on methods of preparation of imported foods.

WELFARE

MISSION

293. This Division advises and recommends on the establishing of essential activities necessary to maintain a minimum health standard and prevent disorder among the civilian population. Prepares and submits plans for the organization of all necessary public and private welfare programs in order to preserve minimum health standards and to prevent social disorder prejudicial to the occupation. Submits detailed plans of organization for the Ministry of Welfare and in cooperation with other staff sections recommends the establishment, reorganization or elimination of such public or private welfare agencies or their programs as are necessary to meet the welfare objectives. Establishes and submits policy standards for welfare personnel administration, where necessary, for the guidance of lower military echelons and compliance by public and private welfare agencies. Encourages in cooperation with other staff sections, the development and compliance by public and private welfare agencies in the development and strengthening of professional social welfare education and training programs. Prepares and submits such directives, orders and administrative memoranda as are necessary for effective control of welfare programs. Maintains liaison with all agencies and sections in order to coordinate the welfare program with the total program of occupation; provides for technical guidance and assistance to technical welfare personnel in military government and, where necessary, to public and private welfare agencies. This includes liaison with such headquarters or other military staff sections and public, semi-public or private welfare agencies as are concerned with welfare programs, operations and activities. Recommends relief and welfare service plans, programs, policies and procedures, where necessary, to result in: (1) integration of related public and private welfare agencies on each level of government and in all areas, (2) coordination of related welfare programs, (3) effective control of local relief operations by higher echelons of government, and (4) regular supervision of private relief and welfare programs by public welfare agencies on each level of government.

BACKGROUND

294. Relief work in Japan prior to the Tokugawa period (Ante 1603 A.D.) was carried on by the voluntary charity of the emperor, the occasional "mercy" of Buddhist monks, the custom of mutual support by members of the same family (the family system), and the traditional spirit of mutual help among "neighbors." (See Inclosure No. 20).

295. While such a system might work in a simple agricultural society, by the middle of the 19th century, a succession of rice riots by a hungry populace brought on the restoration of the Emperors. So it might well be supported that the indirect cause of collapse of the shogunate, and the emergence of the Imperial family (1863 - 1868) was the failure of the Tokugawaa to provide for the needs of those unable to care for themselves.

296. The industrial booms and resultant depressions following the Sino-Japanese, Russo-Japanese and First World War, forced the government to take a hand in providing for the indigent worker during periods of sickness or unemployment. The cabinet evidently had an eye to the fate of the shogunate in 1860 - 1868.

297. In 1874, the first relief law was passed. It was legislative endorsement of the old family and neighborhood responsibility idea and avoided the meeting of relief needs by the State. From 1890 until 1929,

attempts were made to introduce and secure an adequate poor relief law in each session of the Diet, but met the opposition of the reactionary industrialists then in power. They held that such legislation "would encourage idleness." The 1929 law, effective in 1932, made no impression on the overall problem, as no funds were appropriated.

298. However, while the government made only half-hearted advances in the welfare field, Christian Missions acting as a gad fly in the field in individual human rights, finally stung the Buddhist elements into joining action at their side. In 1918, there were 92 public and 1,255 private welfare institutions. These ranged from insane asylums to rescue homes for prostitutes.

299. In the field of industrial protection, the first factory workers protection law movement started in 1882 but legislation was not passed until 1911 and became effective in 1916. Rice riots in 1918 forced more beneficient legislation in the labor field. With the rise of the Labor Party in England in 1917 (and the Communists in Russia), the government felt forced to make a showing of liberalism. The Ministry of Welfare was created upon demands by the Army. (Too many recruits were being rejected because of tuberculosis.) This Ministry was established in 1938.

300. Laws chiefly concerned with relief at the time of occupation, were the Poor Relief Law, Military Aid Law, Protection of Mothers and Children Law, War Sufferers' Relief and Medical Protection Law. These were administered by the Japanese Ministry of Welfare through local government welfare agencies upon certification largely by Homen-iin (Volunteer District Welfare Commissioners appointed by Prefectural Governors) numbering some 80,000 throughout Japan. Relief was also handled by voluntary or private organizations receiving support largely from Government subsidies and gifts from large corporations. However, all relief activities had been highly disorganized and limited in extent since the beginning of the war.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

301. The abrupt end of the war and the results of the final phase of the aerial bombings left the Japanese Government and people in a state of shock, wholly unprepared to meet the emergency problem of health, food and shelter.

302. Functional government as such, had broken down; thousands of Allied prisoners were still in concentration camps and the Japanese people were undecided as to what was expected of them. The Government had adopted a policy of watchful waiting leaving the initiative to the new Occupation Forces and would take no remedial action until directed.

303. From the beginning it became increasingly clear that the Japanese Government and people would cooperate but the responsibility for direction would rest with the Occupation Forces. The basic objective of SCAP in the fields of public health and welfare was "to prevent disease and unrest in the civilian population in accordance with the objectives of the Allied Powers."

304. It is interesting to note that one of the first directives issued by the Supreme Commander was "Relief for Hiroshima" in which approximately 12 tons of medical supplies were dispatched to the International Red Cross Delegate for use in the relief of Japanese persons injured in that area.

305. It was clear that action must be taken to provide a reserve supply of food to be used when and if the food situation became critical. This was done by the seizing of former Japanese Army and Navy stock piles of food by our Occupation Forces and requiring the Japanese authorities to warehouse these foods and hold them for distribution upon orders of the Supreme Commander. This food stock amounted to 30,000 tons of biscuits and canned goods.

306. Japanese Army and Navy clothing stocks were also taken into Allied

custody and held for relief needs when needed. All during the year at designated periods, these food and clothing supplies were released to the Japanese people when food and clothing in normal governmental channels were no longer to be had. The wisdom of holding these reserve stocks has never been questioned by the Japanese Government or its people. In addition to the foodstuff obtained from former Japanese Army and Navy stockpiles, 100,000 tons of wheat were imported from the United States for a relief reserve.

307. On 8 January 1946 the Japanese Government was directed to submit a plan to the Supreme Commander indicating measures to be taken to restrict or prohibit unnecessary population movements from rural to urban centers (cities of 100,000 or more population) prior to 31 May 1946.

308. A plan was submitted by the Japanese Government which provided that before a person could move from a rural area it must be proven that he had housing in the urban area, and that his services were needed in the Japanese economy. After this was proven, a "permit to move" was given by the local officials and his ration card was transferred to the urban area. Without this permit no rations were made available to the person. Even with these stringent regulations many persons have moved to the urban areas illegally and continue to be a drain on the overtaxed urban facilities. As soon as discovered, they are sent back to the place from whence they came. At no time during the year was it possible to rescind this directive and it has been extended quarterly during the entire year.

309. Relief legislation in Japan has been sketchy and patchwork in character. In contrast to the Christian concept of the worth and dignity of the individual, the Japanese have followed the Confucian doctrine in the five human relationships; (1) subjects to their prince; (2) children to their parents; (3) wives to their husbands; (4) younger brothers to their elder brothers; and (5) neighbor to neighbor. No responsibility or obligation was extended to the stranger.

310. On 8 December 1945 a directive (SCAPIN 404) was issued to the Japanese Government which called for the Japanese Government to make a plan for meeting relief needs of its people during January - June 1946, estimate the number in need of relief, and ordered corrective legislation. On 31 December 1945 the Japanese Government advised SCAP of plans for a comprehensive relief law to be administered by a quasi-official agency. A limit of ¥ 200 was proposed as the maximum grant per month for families of five. Eight million persons were estimated to be in need of relief. (Later reports reveale the case load to be 2.5 million). The plan as submitted by the Japanese Government was unacceptable to SCAP as it delegated to a quasi-official agency administration of the relief program for the nation.

311. On 27 February 1946 a public assistance directive (SCAPIN 775) was issued to the Japanese Government requiring the Japanese Government to establish a single national governmental agency which through prefectural and local governmental channels would provide adequate food, clothing, shelter and medical care equally to all indigent persons "without discrimination or preferential treatment." An additional provision was added that "within the amount necessary to prevent hardship, no limitation to be placed on the amount of relief furnished." Upon acceptance of the above the Japanese Government became one of the few governments of the world who accepted responsibility for the needs of its people and took steps to alleviate their difficulties. (See Inclosure No. 21).

Foreign Nationals

312. At the beginning of the Occupation foreign nationals numbered:

2,000,000 Koreans
30,000 Formosans - Chinese
7,500 Others

313. The Koreans have been repatriated with the exception of those who have elected to remain and receive the same care and treatment as Japanese citizens. Chinese-Formosans and other Chinese have been given opportunities for repatriation. Foreigners residing in Japan at the end of the first year of the Occupation numbered approximately 39,500 of which over 30,000 were Chinese and Formosans.

314. Monetary relief to foreign nationals has not been required, but to prevent malnutrition, it was found necessary to supplement their diet to bring it above the normal Japanese standard. Various memoranda have been issued that the Japanese Government provide, regularaly, care and supplementary rations for all resident nationals of United Nations, Neutral Nations and Stateless persons. The enemy foreign nationals have been made the responsibility of the Japanese Government in providing essentials to meet the minimum standards of health and welfare.

315. The enemy national problem has been further aggravated, because the funds of the Germans were blocked and their movements restricted to meet security requirements. No jobs were available and no funds with which to purchase the supplementary ration was available. To offset this problem the Japanese Government submitted a plan for relief in kind which was approved by SCAP. As a result no enemy nationals were forced to go without the daily necessities of life and the Japanese Government was not relieved of its responsibility for their care.

316. About 545 of these families were German (women and children from the Dutch East Indies). Their plight would have been impossible had not relief in kind been established.

Housing

317. Before the war Japan had 14,000,000 homes. At the beginning of the Occupation there was a deficit of 4½ million homes, destroyed through bombings, fires, and other catastrophies. As of 1 August 1946 building permits for all Japan were controlled at national level. The Board of Reconstruction is responsible for surveys of the need of housing and makes available, essential materials based on these surveys. They authorize building permits. At the end of the first occupational year approximately 23,000 homes were being built in Japan each month.

Licensed Agencies for Relief in Asia (LARA)

318. On 30 August 1946 a directive (SCAPIN 1169) was issued to the Japanese Government to accept, warehouse, account for security, and distribute relief supplies shipped to Japan by LARA, which had been donated by church groups, individuals and volunteer agencies in America. LARA agreed to ship up to 2,000 tons per month to the people of Japan. Their plan of operation was to raise the caloric intake of the persons in institutions, by supplementing the food received in the official Japanese ration.

Rehabilitation of Civilian Repatriates

319. At the close of the war close to 7,000,000 repatriates were awaiting repatriation to Japan. On 30 August 1946 approximately 5,000,000 had been repatriated. Repatriates were given ¥1,000 on arrival plus free medical attention and could make business loans up to ¥ 5,000 to reestablish themselves. They also came within the provisions of SCAPIN 775 (Public Assistance). Repatriates in need have recieved the same care and treatment as other Japanese citizens.

Japanese Red Cross

320. On 20 September 1945, the American Red Cross was invited to assist in the reorganization of the Japanese Red Cross Society, "along democratic lines, and with primary emphasis on serving the civilian health and welfare needs of the Japanese people."

321. Prior to the war, the Japanese Red Cross was regarded as the second greatest Red Cross Society in the world. Its organization was not dissimilar to that of the American Red Cross, but in function it followed the European pattern with special emphasis placed on a nation-wide system of hospitals, clinics, sanatoria and schools of nursing. Just prior to the war, the Society by Imperial Ordinance came under the Sanitary Commission of the Army and Navy. In consequence its wartime program was geared to the war effort and its pre-war activities were measurably altered to meet military demands.

322. Like other indigenous agencies, during the first months of the Occupation, the Japanese Red Cross went through the stages of shock and confusion preceding its initial efforts at reactivation and reorganization. Personnel were immediately screened at national and chapter levels and much of the war-time leadership was found objectionable and subsequently dismissed. Under the temporary leadership of acting officials, national reorganization proceeded slowly. Recruitment of new and competent personnel was difficult and the Society was handicapped because of lack of available funds for payment of adequate salaries. Personnel recruited were unfamiliar with Red Cross activities and lacked knowledge and confidence in undertaking their responsibilities.

323. Chief accomplishment during the first year was the formalization of new statutes finally approved by SCAP and the Japanese Government in December 1946 and adopted by the Society in January 1947. The new statutes provided for the complete separation of the Society from government. While the Empress remained a patron of the Society and an Imperial Prince an honorary president, the new statutes provided a democratic basis of organization and function by which the Society can develop programs and services needed by the people of Japan. Principles of Red Cross organization and function as defined by the International League of Red Cross Societies were also incorporated in the new statutes. Work was not completed until well into the second year of the Occupation.

324. While the Society was busy with its reorganization, it faced the task of the reactivation and continuation of basic Red Cross services programs. Its first efforts were directed toward its hospital and medical services programs. While many of its hospitals and clinics were wholly or partially destroyed during the bombings, medical and clinical services to the civilian population were continued and in many communities afforded the only medical facilities available. In all, 41 general hospitals were placed in operation, together with four maternal hospitals and ten tuberculosis sanatoria. Thirty four clinics, many of them caring for up to fifty bed patients, were also activated. Efforts were instituted for release of frozen accounts with which to finance necessary repair and reconstruction of these facilities, particularly in communities where Red Cross had provided the only medical services available.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

325. The beginning of the second year of the Occupation saw the birth of a modern public assistance program with passage by the Diet of the Daily Life Security Law which became effective 1 October 1946. The law is modern and complete in every respect. With its passage the Japanese Government formally accepted responsibility for the health and welfare of its people. The Daily Life Security Law:

a. Established government responsibility for providing adequate assistance to needy persons equally without discrimination or preferential treatment.

b. Defined the role of governmental agencies and public and private institutions.

c. Provided expenses for food, fuel, clothing, housing, medical care, occupation aid and funeral aid to needy persons.

d. Specified financial participation of all governmental levels, with the central government bearing most of the costs.

326. During the second year of the occupation, four nation-wide increases in the family budget have occurred. Increases have been based upon increases in the cost of living, as well as a desire on the part of the Japanese Government to provide for an adequate though minimum standard of living for those in need. As of 30 August 1947, the case load approximates 2,750,000 persons. High peak of the year occurred in January when there were 2,891,336 persons receiving assistance. (See Inclosure No.22). Medical care provisions have increased throughout the year, as medical supplies have become more available. Institutions throughout Japan have received constant attention by Military Government Teams. Standards have increased appreciably during this period as more and more institutions were rebuilt or repaired. Sanitary conditions, food and medical care have improved immeasurably. (See Inclosure No. 23).

327. During the first several months of the occupation, little progress was made in providing for homeless persons, orphans and waifs. Constant prodding of the Japanese Government by SCAP began to show results in late 1946. A real attempt to pick up children and to provide homes for them was instituted. The process was necessarily slow and difficult. Additional institutions were required, better trained personnel were needed: food, medicine and medical care were difficult to obtain with the result that maintenance of children in institutions was a major problem. Such difficulties led both SCAP and the Japanese Government to the conclusion that the problem was of sufficient importance to call for establishment of a Children's Bureau within the Ministry of Welfare. The Bureau was implemented 15 March 1947. It included three sections:

a. Planning Section

b. Foster Home Section

c. Maternal and Child Health Section

Existing laws affecting children did not provide for sufficient child protection. In order to give the Children's Bureau a real foundation on which to operate, a Child Welfare Bill was submitted to the Diet and became law during the last days of the second occupational year. A summary of its provisions follows:

a. The law points out that the nation and local public bodies, as well as parents and guardians are responsible for the healthy growth of children.

b. Establishes national and prefectural Child Welfare Boards to study the needs of children and advise welfare officials of these needs.

c. Provides for the employment of child welfare workers for the promotion of the welfare of children and the welfare of expectant and nursing mothers.

d. Provides for setting up prefectural child welfare stations, or centers, for the purpose of child study for proper placement, consultative service, health examinations and guidance, and for other problems.

e. Provides a maternal and child health program, with free services for those unable to pay. Urges expectant and nursing mothers to take advantage of such services. Provides additional food and other necessary supplies to expectant and nursing mothers. Provides free obstetrical service in "lying-in" agencies.

f. Provides care and protection for neglected or abused children.

g. Provides for a foster home program.

h. Protects children from exploitation and prevents certain occupations harmful to children.

i. Offers matching funds to local governments for provision of and operation of children's institutions.

j. Provides for licensing, minimum standards, and periodic inspection of children's institutions.

k. Provides for appeals on local decisions.

l. Provides protection for individual rights by punishing those who reveal confidential information.

Other laws affecting children are those dealing with education, labor, reformatories, and a juvenile court law now in the process of preparation by SCAP. The visit of the Rt. Rev. Msgr. E. J. Flanagan of Boys' Town, Nebraska in the spring of 1947 did much to heighten interest of the Japanese in children's problems.

328. Early in the occupation, Military Government Teams had been directed to set up plans for the protection of Army personnel and their dependents in the event of a disaster. In exploring Japanese plans for the protection of the Japanese people, Military Government Teams learned that few prefectures had adequate plans for protection against oft occurring fires, floods, earthquakes and tidal waves. Existing laws were weak, lacking provisions for finance, direction and coordination. Eighth Army Welfare officials were in the process of strengthening prefectural planning when, on 21 December 1946, a large scale disaster occurred, affecting several prefectures. Difficulties experienced during this severe earthquake and tidal wave, focused attention on the fact that central direction was lacking. As a result, a National Disaster Plan was drawn up, submitted to the Diet, and passed during the last days of August 1947. The law is based on acceptance of responsibility by government in the event of a major disaster. It provides for monetary responsibility by both national and prefectural government. It sets up a National Disaster Board, headed by the Prime Minister and includes Cabinet Ministers, the President of the Japanese Red Cross and competent citizens who will formulate a plan for operation and direction, in the event of disaster, and to expedite the flow of disaster supplies. The law provides for Prefectural Disaster Boards which will prepare local disaster plans. Each Prefecture will have Disaster Operating Teams composed of Police, Health Officials, Economic Officials, firemen, welafare officials and engineers. The Japanese Red Cross is recognized as a quasi-governmental agency in times of disaster and will be responsible for coordination of all volunteer organizations.

329. As early as June 1946, SCAP officials discussed the desirability of a school lunch program. Initial planning difficulties concerning food, fuel and utensil supplies were overcome by December and the program was inaugurated in January 1947 in the larger cities, rapidly expanding, until by the end of the school year, 30 June 1947, virtually every lower school in Japan was able to provide supplemental lunches from two to six days a week. Food supplies have come from Japanese sources and through imports, through release of former Japanese Army - Navy supplies and through LARA (Licensed Agencies for Relief in Asia). Nutritional consultation service has also been supplied, but in general, the Japanese Government has now accepted full responsibility for operational control. Participation of children of needy families has been made possible through adjustments in Daily Life Security grants. As of 1 August 1947, 12,000 M/T of powdered imported skimmed milk, was allocated to the school lunch program assuring three weekly servings to 4,000,000 school children through 30 June 1948.

330. Early recognition by SCAP of the need for a single channel through which to funnel all relief supplies coming into Japan from the United States and other countries resulted in an agreement with interested organizations and the inauguration of LARA (Licensed Agencies for Relief in Asia). Under the agreement the Japanese Government assumed all costs from dock to distribution, under the general supervision of SCAP. The first LARA shipment of approximately 350 tons of food and clothing arrived 30 November 1946, and the totals to 21 August 1947 have been as follows:

20 shipments came in comprising

Food	2052.36	tons	net
Clothing & Shoes	393	"	"
Medicine	48.7	"	"
Miscellaneous	53.8	"	"
Total Net Tons	2547.86		

For the most part the supplies have been used for schools lunches and to supplement food and clothing supplies of institutions, orphanages, hospitals and sanatoria.

331. The restriction of free movement of the Japanese population has continued since the initial stages of the occupation. During the final combat stage of the war, over 93 major cities in Japan were totally or partially destroyed by air raids. Great segments of the population, particularly women and children, were evacuated to the rural areas. As soon as hostilities were terminated a general return to the urban centers began. This posed a serious problem, as housing in the urban areas was 40 to 80% destroyed, food distribution was limited, communications were meager and faulty, sanitation was in disrepair and medical facilities were overtaxed. To allow general return to the devastated cities of six to ten millions of persons would threaten famine, plague and disaster to a government struggling to restore some semblance of normality.

332. Experience in Japan in former years, indicated that rice riots would be an early incident and would lead to widespread rioting and general disorder. Soup kitchens, field sanitation and hospital services would be a must and would be the beginning of a chain of emergency stop-gaps that would be difficult to terminate at a later date.

333. To keep suffering, disease and distress to a minimum, the Japanese Government was ordered to restrict the return of unessential persons to the cities, and this restriction is still in effect. As a result no epidemics have occurred due to refugee massing in the larger cities, soup kitchens have been avoided and order has been maintained. Disease, suffering and distress has been held to a minimum and many former urban dwellers have resettled in the rural areas permanently.

334. The constitutional prohibition against governmental subsidization of private welfare agencies and operations together with the break-up of the zaibatsu and the loss of that source of private donations to private welfare activities, forced the private agencies to appeal to the government for help and counsel in planning programs for private agency fund raising. A national committee, similar in purpose to the American Community Chest, Inc., has been organized to develop broad plans and programs of fund raising at prefectural level. Fund drives scheduled to commence in the winter of 1947 will be preceded by a nation-wide appeal through the press, radio and other media in which an effort will be made to secure the participation of every adult in Japan.

335. Japanese governmental programs for "War Sufferers and Repatriates" include a number of special projects designed to meet the need of not only those made homeless by the war and its attendant destruction, but also for

the millions of returning civilians, many of whom are coming to Japan for the first time in their lives.

336. Already 6,000,000 persons have been returned from Korea, China, Dutch East Indies, Formosa, the United States, Canada, Australia and the islands of the South Pacific. It is estimated that there are 950,000 remaining to be repatriated; 247,000 from Sakhalin, 590,000 from Siberia, 28,000 from Southeast Asia and 76,000 from Manchuria.

337. This would poise a gigantic absorption problem in normal times, and became extremely difficult due to the economic collapse following the termination of the war. To meet the problem facing these persons, a number of programs are in operation. Japanese reports include the following activities:

a. Reception centers (Hakodate, Uraga, Mizuru, Ujina, Otake, Nagoya, Hakata and Sasebo, and Kagoshima).

(1) Quarantine; Money is exchanged in a sum not to exceed ¥ 1,000; certificate of repatriation is issued.

(2) Free room and meals at the center, and a free ticket to destination and five days food thereafter, clothing and bedding if needed, plus a gratis issue of ¥ 500 if the repatriate is without funds.

(3) Free medical care including hospitalization, at a national hospital as indicated by reception center doctor.

b. Enroute from reception centers to place of destination, usually the official residence of the respective families, the national and local governments provide places of rest and feeding, and medical treatment in the main stations along the route.

c. After the repatriate has reached the selected place of residence he either secures work in his profession or trade, through the local employment bureau, or through his family. If nothing is available locally he is advised of the location of work and assisted in reaching it.

338. If the repatriate is unable to find employment or otherwise to care for himself and his family, he receives care under the provisions of the "Daily Life Security Act" and also receives necessary cooking and household equipment, ration cards, sufficient relief funds to purchase food, and a free but limited issue of clothing. Distribution varies from prefecture to prefecture dependent in part on local resources. Through the local Social Affairs offices, housing is provided by the utilization of former factories, barracks and warehouses and similar large unused structures. However, by the end of 1947, only 15% of the repatriated will be so housed, the remainder having secured shelter by "doubling up" with relatives and friends.

339. Business loans not in excess of ¥ 5,000 are available through the Peoples' Banks for use in establishing small business enterprises or in purchase of small tools. These loans draw no interest for one year, 6% for the next four years and are due at the end of five years. Applications have exceeded the ¥ 1,600,000,000 loan fund and demands are now being made for additional funds, a larger loan limit figure and a longer term for the individual loans.

340. Repatriates wishing to settle on land may purchase acreage through the Ministry of Agriculture and Forestry. They may borrow up to ¥ 10,000 for this purpose, or rent land from others and borrow from the Ministry for farm tools, equipment, seed and fertilizers. This permits a total of ¥ 15,000 in loans from the Ministry of Agriculture and Forestry and the Peoples' Banks.

341. A repatriate upon returning to his place of residence, presents the certificate of repatriation and returns to full citizenship. Certain residence

laws will not permit voting until he has lived in his ward or ku, for six months, although this law has been suspended from time to time to permit large groups of repatriates to exercise their franchise. However, the repatriate who wishes to stand for office, may do so the day he returns by filing his candidacy.

342. Special attention is given to the repatriate by the licensing officials, in that they give priority to those desiring to open small business. In many other ways, the government had shown its concern for these people, and is now endeavoring to secure some settlement for bank accounts and goods left behind in the place of former residence.

343. The lack of trained, professionally qualified social workers in the Ministry of Welfare as well as in prefectures, cities, towns and villages was immediately apparent to occupation forces. It was not, however, until early 1947 that an in-service training program was initiated. Seven one-week courses have been offered during the course of the second occupational year. These courses were financed by the Ministry of Welfare, but were organized and offered by the Japanese Association of Social Workers. The scheduled meetings were attended by prefectural welfare officials, private welfare officials, and other interested persons. More recently, assistance has been given the Ministry of Welfare in the reorganization of the School of Social Work, which offers a one-year advanced course of social work training.

344. During the second year of the occupation, the reorganization of the Japanese Red Cross Society moved along more rapidly. Election of officers under the new statutes took place in January 1947 and it was not until then that the Society's legal reorganization could have been considered complete. With the election of its new officers, the Society for the first time began to experience sound, aggressive leadership. With the assistance of American Red Cross consultants, plans were initiated for the reorganization of its principal services, including Junior Red Cross, Disaster Relief and Nursing Services. In Junior Red Cross, a new and inexperienced staff was oriented in the principles of the International Junior Red Cross movement and significant progress was made in activating plans for new and effective activities in schools throughout Japan. In the 21 December 1946 disaster, Red Cross was given an excellent opportunity to demonstrate its traditional role in time of disaster - one of providing emergency medical and nursing services to disaster victims. Intensive work was done following this disaster, in developing with National Headquarters, its plans for more extensive responsibilities for disaster services. Most significant of the advances made in nursing services has been the appointment of a nurse as Chief of Nursing Education, the first time a nurse has held this position in the Society. Considering that one-fourth of all nurses in training in Japan are enrolled in the Japanese Red Cross Schools of Nursing, the significance of this appointment to the nursing profession is apparent. Under the guidance of an American Red Cross Consultant on Nursing Services, the Society has perfected plans for a Home Nursing program, throughout the 48 chapters, fashioned after the American Red Cross Home Nursing Course.

345. In addition to this primary program, attention has been given to the development of other services, including Water Safety and First Aid, Volunteer Services and Public Relations and Information. Because of the lack of specialized consultant service, comprehensive assistance has not been given the Society until this year.

346. Generally, the reorganization of the Society is gaining steady momentum and the work of the first two years is beginning to show increasingly positive results.

FUTURE PROGRAMS

346. Future projects are as follows:

a. The effectuation and implementation of the current Child Welfare Law, to give a base of operations to the new Children's Bureau.

b. The further development of standards of care for public and private welfare institutions, and the development of a licensing system for all private agencies.

c. Training of welfare personnel at national, prefectural and local operating level.

d. The creation of a nation-wide fund raising organization, designed to finance at the operating level, city and prefecture, those private agencies that the communities desire to continue; and the development of coordinating and cooperating councils of agencies devoted to community welfare.

e. Rehabilitative programs for repatriates and all other citizens in need of further training to become self-supporting.

f. Close supervision of the Disaster Relief Law, and the integration of its provisions with local, age-old operation.

g. Preparation of a Juvenile Court Law to effectively complement the Child Welfare Law and the Child Labor Law.

SOCIAL SECURITY DIVISION

MISSION

347. Maintains continuous administrative review of the operation of Japanese Government dealing with social security, with particular emphasis regarding procedures and extent of benefits paid by insurance groups, and the relationship of insurance programs to other relief and welfare service programs. Maintains liaison with other staff sections and with agencies of the Japanese Government as to the soundness of existing social security systems and to assure the effective continuous operation of these programs designed to relieve unnecessary dependency, to protect persons from hazards of age, illness, or other conditions over which individuals have no control and which might result in social unrest prejudicial to the occupation. Receives and compiles regular statistical reports from agencies and sources which might have a bearing on the general welfare and economic condition of the social security program. Makes periodic survey at the national, regional and prefectural levels to render technical assistance and guidance to Japanese welfare personnel and Japanese agencies in their social problems and policies. Makes recommendations to higher authority on plans, programs, policies and procedures necessary to coordinate and consolidate current social security systems, and to eliminate such social security or insurance programs as may be prejudicial to the occupation mission.

BACKGROUND

348. The Japanese had developed programs furnishing some form of social insurance protection to most of the population. In December 1945, there were more than 10,000 insurance agencies and organizations administering the five major social insurance programs, and more than 50,000,000 individuals had some form of protection.

349. The five major systems were:

a. Health (Sickness Insurance) (1922):

A compulsory system for certain industrial, mining, commercial and transportation employees; paying limited cash benefits during incapacitation and providing medical and dental care, maternity care and funeral expenses.

This type of insurance was further expanded in 1934.

b. National Health Insurance (1938):

A program in extension of "Health Insurance" and sponsoring voluntarily organized health associations which are supported by members' premiums and a government subsidy; providing medical care and hospitalization to the rural population and self-employed individuals.

c. Seamen's Insurance (1939):

A composite social insurance program for seamen with provision for medical care, limited cash benefits to the insured seamen for sickness, invalidity due to occupational accidents, old age, surviving dependents and funeral expenses. It does not include unemployment insurance.

d. Welfare Pension Act (formerly "Workers' Annuity Insurance")(1941):

A compulsory system for practically the same groups as are covered by "Health Insurance" and providing cash benefits for temporary and permanent disability and aid to survivors on death. The pension aspect, however, was not to become available until 1955.

e. Employers' Liability Insurance (1931 and revised in 1941):

An employer-operated system of compensation for occupational injuries, providing medical care and cash benefits only for injured workers in engineering, construction and lumber industries, and assistance to survivors of such workers.

350. Government employees were protected by two systems:

a. Government Pension Law:

A system of pensions to a special group of retired government officials, or in case of death, to their survivors.

b. Government Mutual Aid Societies:

Organizations of employees within the various government agencies to provide medical aid on a health insurance basis.

351. In addition, benefits were provided, on a non-contributory basis, to government workers for disability occurring in the course of emoloyment.

352. In appraising the social insurances, recognition was also given to the systems of Post Office Insurance and Annuities administered by the Ministry of Communication. This program gave protection comparable to American life and endowment or retirement commercial insurance policies. Over 91,000,000 policies had been issued, having a face value of more than ¥ 26,000,000,000.

353. The legal framework of Japan's social insurance was of relatively recent date. Compulsory health insurance for industrial workers and miners, although introduced in 1922, was not put into operation until 1927, and it was in its initial form, very limited in scope and social value. Even more restricted in its coverage and in the level of its benefits, was the Employers' Liability Insurance against employees' industrial accidents, established in 1931.

354. Modern Japan in the field of social insurance, as in many other fields, took over western institutions without accepting their basic philosophies. Japan did not recognize that the insured worker acquires a right to benefits and services as firm as any contractual right, and that he acquires the right to participate in the formulation of policies for, and in the management of, the social insurance programs. The paternalistic and

authoritarian character of the Japanese military and economic regime had definitely influenced its social insurance programs.

ACCOMPLISHMENTS - FIRST OCCUPATIONAL YEAR - AUGUST 1945 - AUGUST 1946

355. SCAP directed the Social Insurance Bureau of the Ministry of Welfare to submit current statistics on coverage, contributions, benefits paid into reserve funds, and related subjects. From information obtained, it was apparent that contributions paid into social insurance funds before the end of hostilities far exceeded benefit grants under any of the programs, and that the social insurance programs had been used to facilitate the financing of the war.

356. A Labor Advisory Committee to SCAP, in its review of the social insurance systems, recommended the following steps be taken:

a. Keep the social insurances alive during the period of currency inflation.

b. Adopt specific measures affecting Health Insurance and National Health Insurance that are indispensable to assure adequate medical treatment.

c. Assure a broader participation by insured people and other groups concerned in the management of these social insurances.

d. Study the need for unemployment insurance, and for a separate system providing indemnity and medical care for those disabled because of occupationally caused accidents or illnesses.

e. Assure the development of a program of information and education with regard to social insurances to insure that beneficiaries will be familiar with their rights under existing systems.

f. Study the extension of coverage of groups not insured under existing programs.

357. The Committee, finding a serious lack of coordination in existing programs and problems susceptible to treatment only in terms of fundamental revisions in the program, expressed the view that a comprehensive reform of social insurance could and should be undertaken and that machinery should immediately be set up to plan such reforms.

358. To carry out these recommendations, a Division of Social Security was established in the Public Health and Welfare Section, SCAP.

ACCOMPLISHMENTS - SECOND OCCUPATIONAL YEAR - AUGUST 1946 - AUGUST 1947

359. For perpetuating and improving the present systems pending the development of a unified, comprehensive program, the Insurance Bureau, Ministry of Welfare, was informed the following points needed immediate attention: (1) establishment of an informational and educational program for the insured; (2) establishment of a system of reports covering statistical and financial information; (3) initiation of a program of research and analysis; (4) development of a plan for the utilization of the Welfare Pension reserve fund; (5) study of the possibilities of revising the eligible age for receiving pension benefits; (6) development of a supervisory plan for assuring proper administration of the various systems from the national to the local level; and (7) study of the possibilities of unifying the health provisions of the various systems into one national health insurance program.

360. Pending a general reorganization of the social security programs, assistance has been given the Ministry of Welfare in the preparation of new legislation and amendments to existing laws. As a result of the enactment of the Labor Standards Law, it was necessary to develop the Workers' Accident

Compensation Insurance Law, which replaces the Employers' Liability Insurance Law. Amendments to the Health Insurance and Welfare Pension Laws were also necessary to prevent duplication. The Seamen's Insurance Law was amended to assure compliance with a new Mariners' Labor Standards Law and also to extend coverage. Additional groups covered under this Law will more than double the coverage prior to the amendments.

361. Important changes were made in existing legislation and ordinances to make them conform with the spirit of the new constitution. These changes included: (1) establishment of advisory committees; (2) adoption of a more adequate wage rate as a basis for calculating benefits; (3) reduction in the length of time required for individuals to qualify for benefits; (4) elimination of clauses which would deny benefits if the claimant was guilty of contributing to the negligence causing his disability; (5) liberalization of the system for gaining a fair hearing on disputed claims; (6) in connection with benefits payable to survivors, provision for more equality among family survivors, eliminating the traditional special inheritance rights of senior male survivors.

362. Assistance has been given to the Government in the revision of the laws of established mutual aid societies for governmental workers. These laws are being amended to extend coverage to practically all workers, to eliminate inconsistencies and complexities in an effort to coordinate their activities into one adequate and efficient system.

363. The Japanese Committee for the Investigation of the Social Insurances was established by the Japanese Cabinet, with membership drawn from labor, employers, the faculties of leading universities in Japan and officials of the Japanese Government. Meetings have been held with this committee and other groups interested in the improvement of the social insurances, particularly the various federations of Health Insurance and National Health Insurance Association and representatives of the Japan Medical Association.

364. The National Health Insurance system has suffered seriously because of inadequate and unsound financing. Arrangements were completed to have a special Social Security Mission from the United States come to Japan during the months of September and October 1947. This mission will assist in the preparation of legislation for the revision of existing legislation to insure an adequate and effectively coordinated social security program. The Ministry of Welfare has been assisted in its endeavors to get an increased national subsidy and also loans from the Welfare Pension Fund to rebuild the National Health Insurance medical facilities. The Ministry has also been encouraged to make more effective use of existing hospital and clinical facilities and of drug supplies, to improve the system for paying doctors so adequate medical care will be supplied to all insured people.

FUTURE PROGRAMS

365. When an agreement is concluded on the framework of an adequate, coordinated and soundly financed social security program, efforts will be directed along two main lines: one, implementation of the plan through appropriate legislation and ordinances, and two, surveillance of the administration by the Japanese Government agencies of the social insurance programs to insure they are carried out effectively and efficiently.

366. Sound administrative procedures seem to be a special need in the Japanese Government agencies. In implementing the Japanese social insurance program, special attention will have to be given to the following:

a. Adequate information to insured people as to their rights and obligations under the law.

b. Extension of the scope, authority and public representation on committees established by the government for advisory and review purposes.

c. Administrative supervision of operations from the national as well as from the prefectural level. The government will need an adequate and qualified field force. The process of supervision should include statistical reporting and standardization of procedures to assure complete and effective control.

d. Coordination and cooperation between the government insurance officials and the Medical Associations in raising the standards of medical services to the insured.

e. Acceptance and exercise of responsibility in the local areas of government.

f. A simplified and non-partisan method for more use of appeal privileges, to assure proper administration and greater individual participation in the program.

367. Economic trends in wages, payrolls, national income and production will have to be carefully evaluated in the light of their effect on the reasonableness of the social insurance provisions for compensation of wage loss, adequacy of provisions for paying the costs of medical services, the adequacy of the provisions for financing the system and of existing reserves. Continued evaluation will also have to be made of the outlook for changes in major economic indices, as a guide to action needed to preserve the program.

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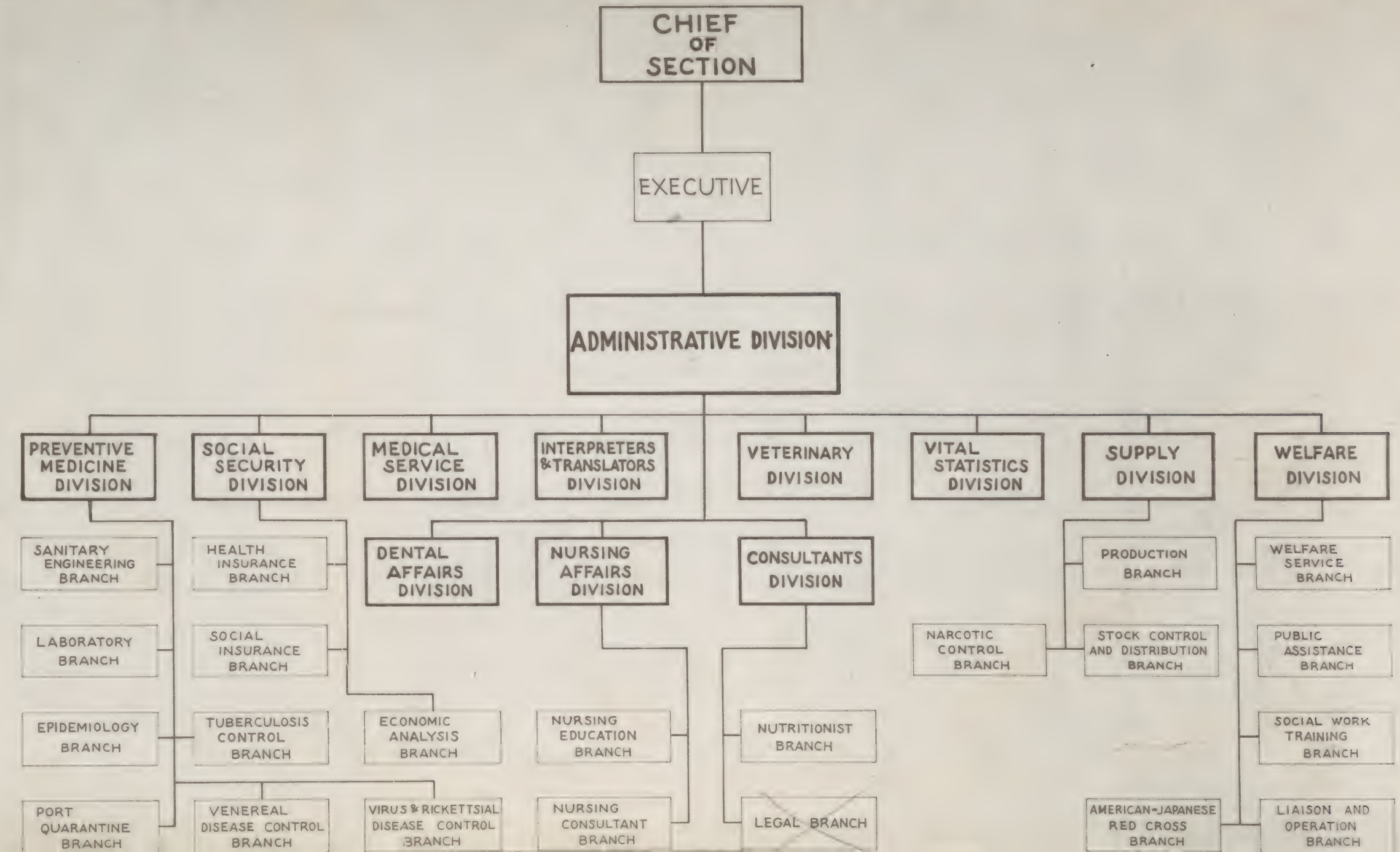
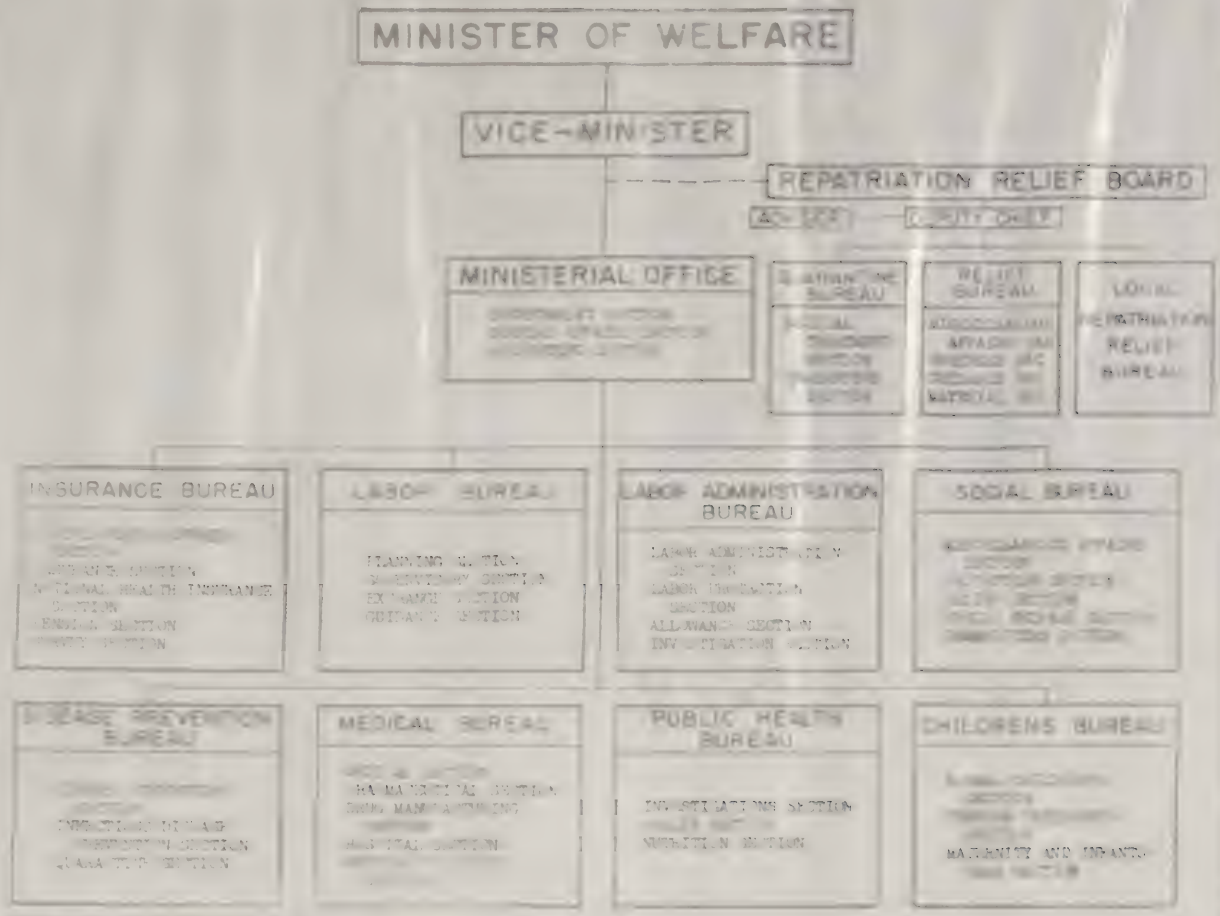
PUBLIC HEALTH AND WELFARE SECTION GHQ. SCAP.



ORGANIZATION OF MINISTRY OF WELFARE

20 NOVEMBER 1946



SOURCE MINISTRY OF WELFARE

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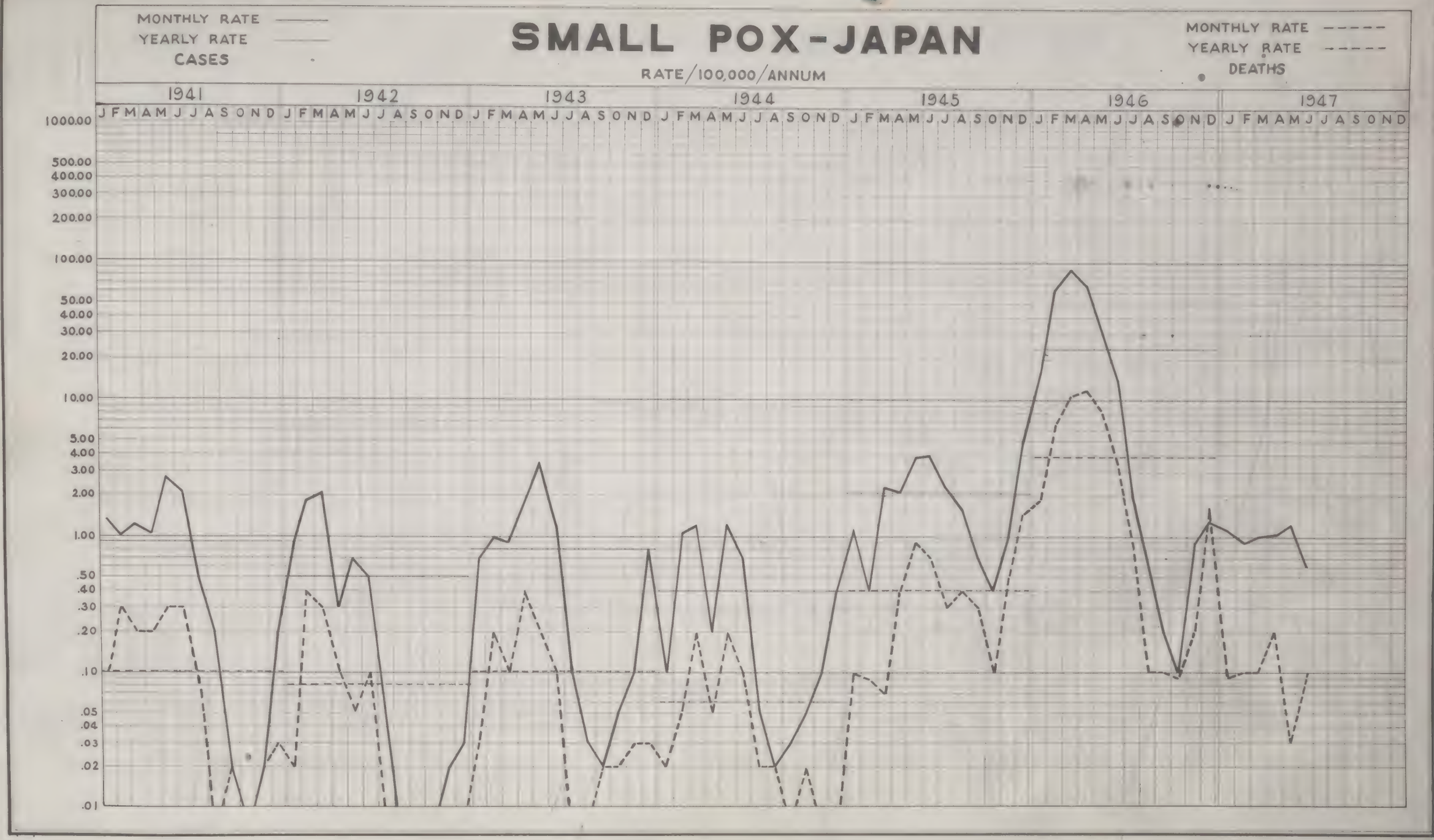
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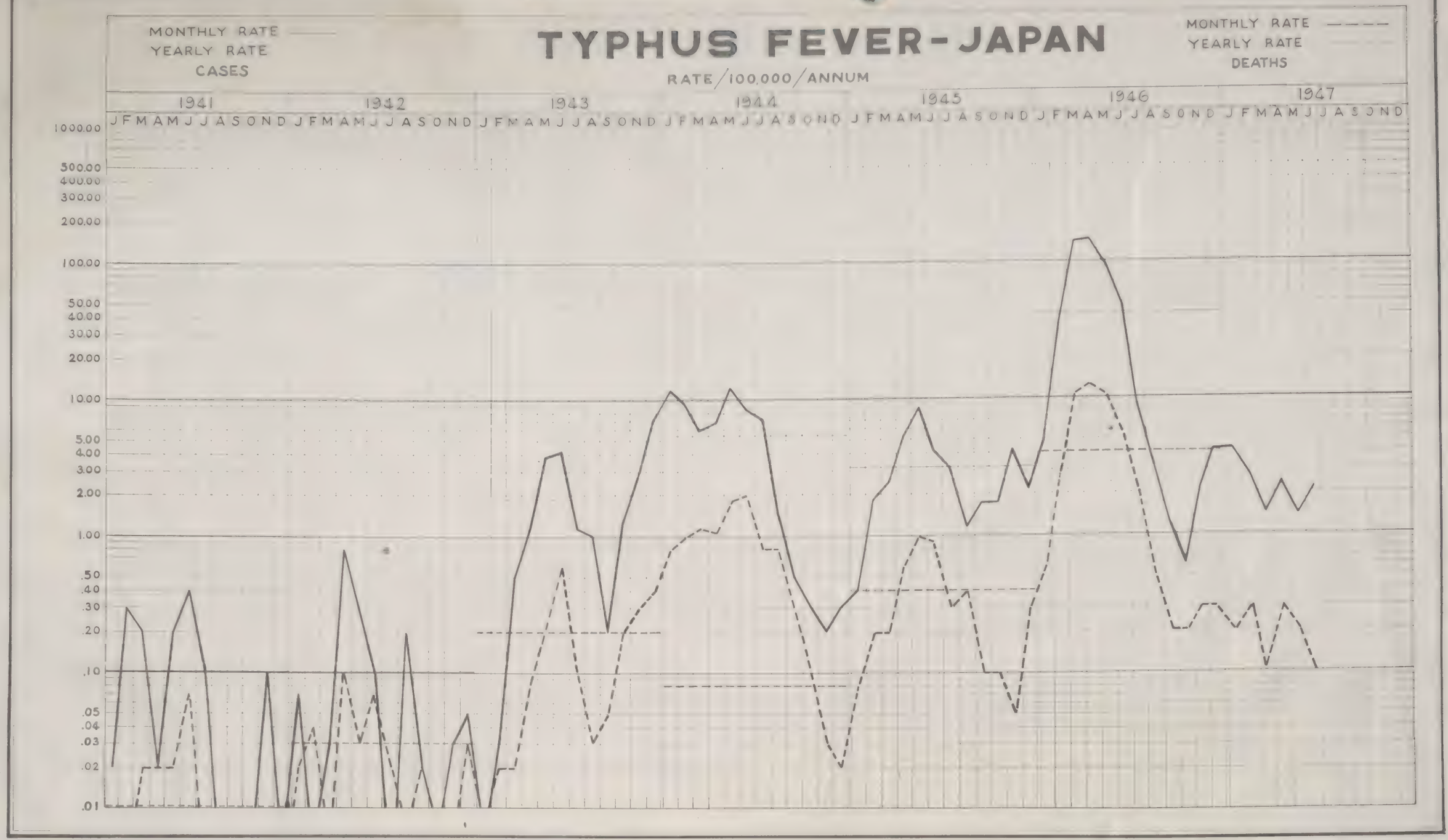
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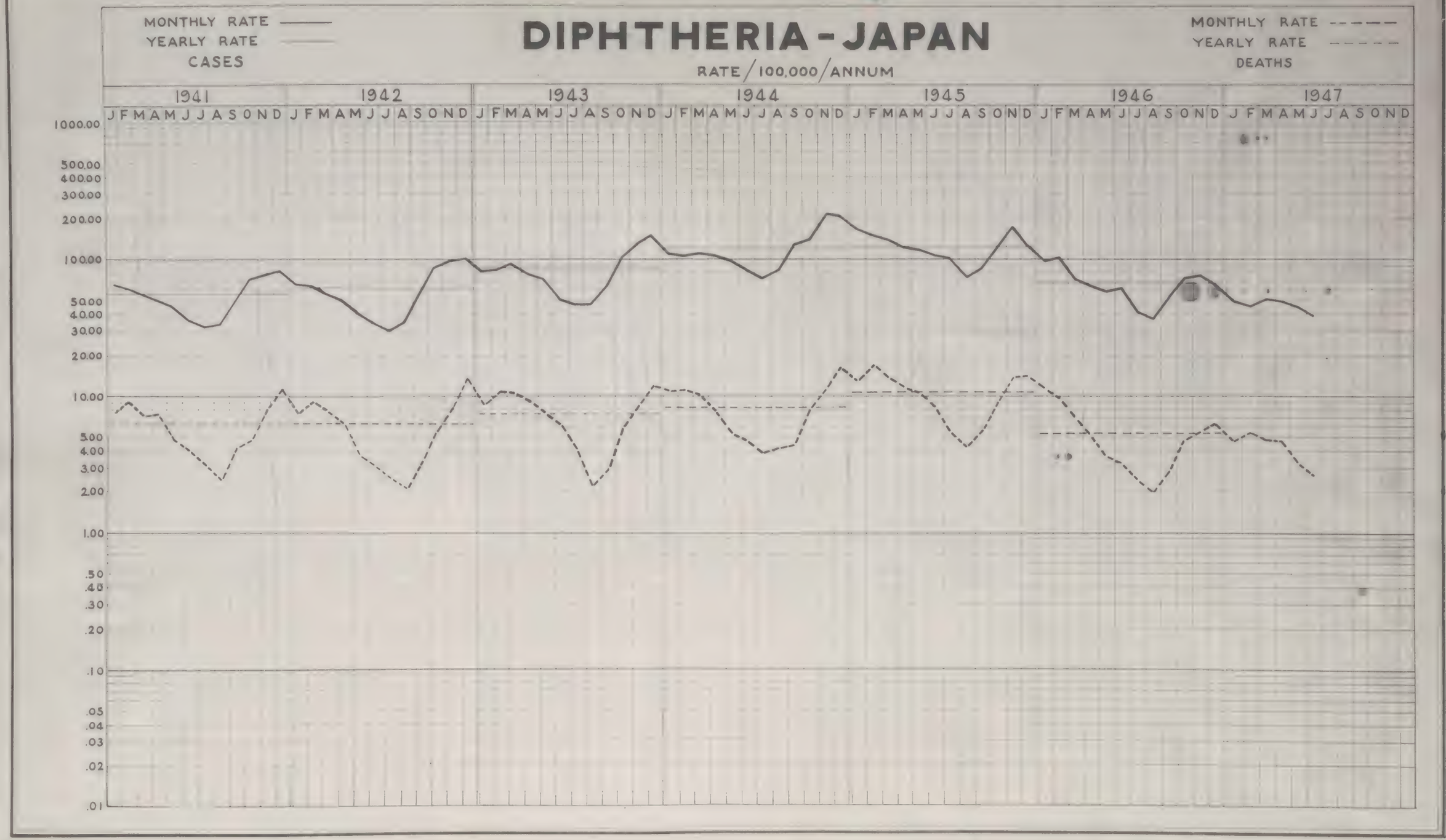
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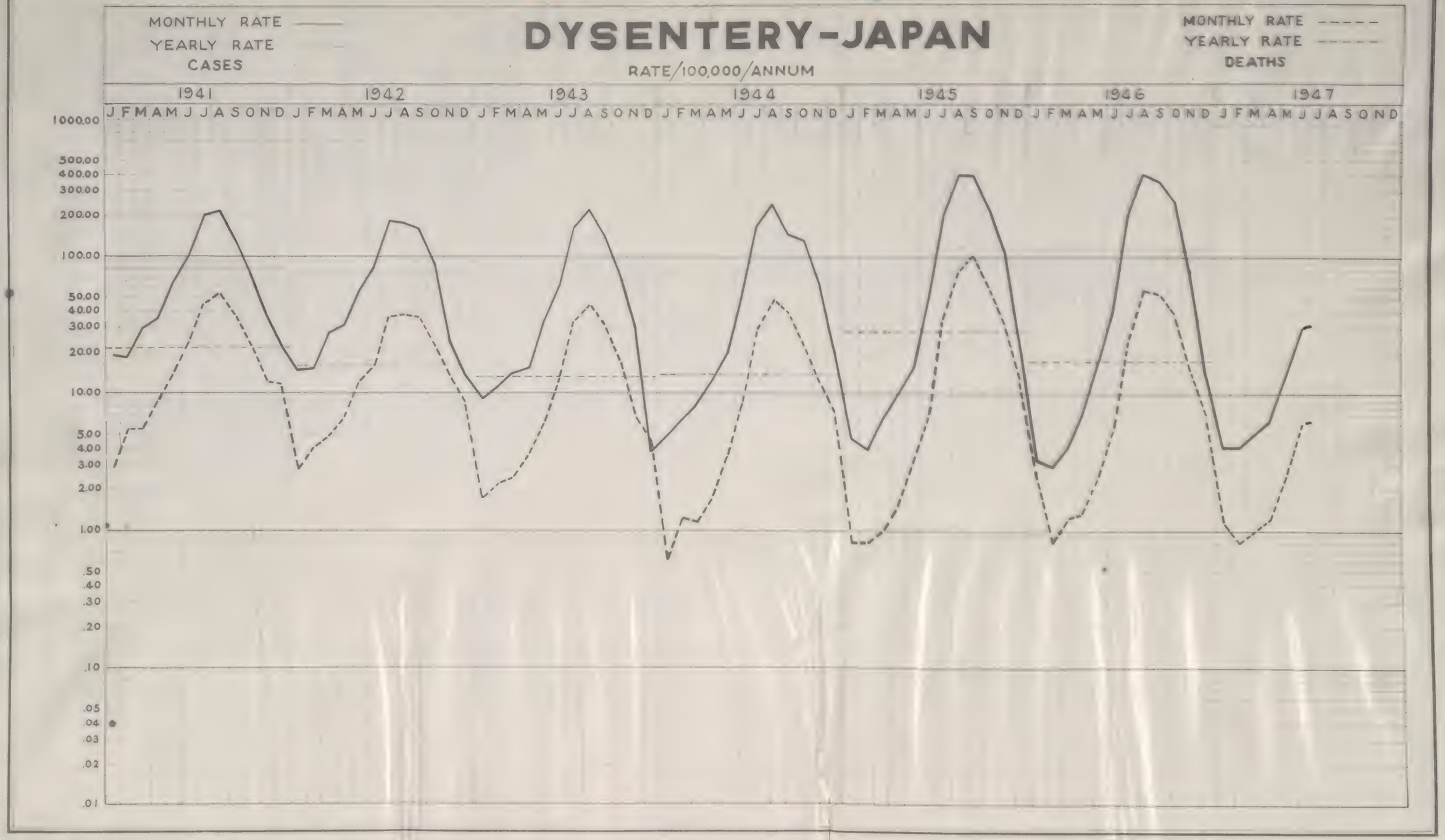
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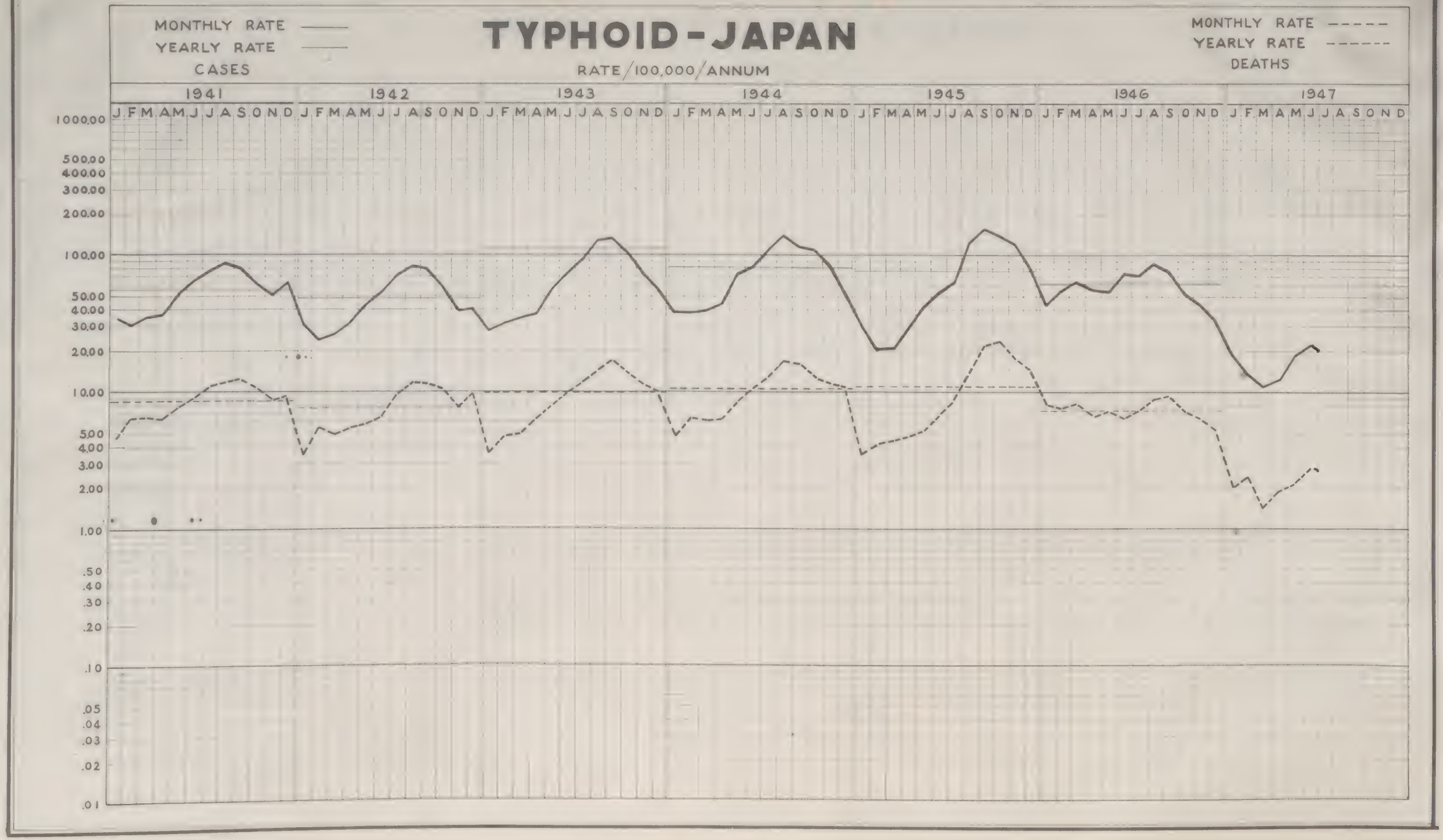
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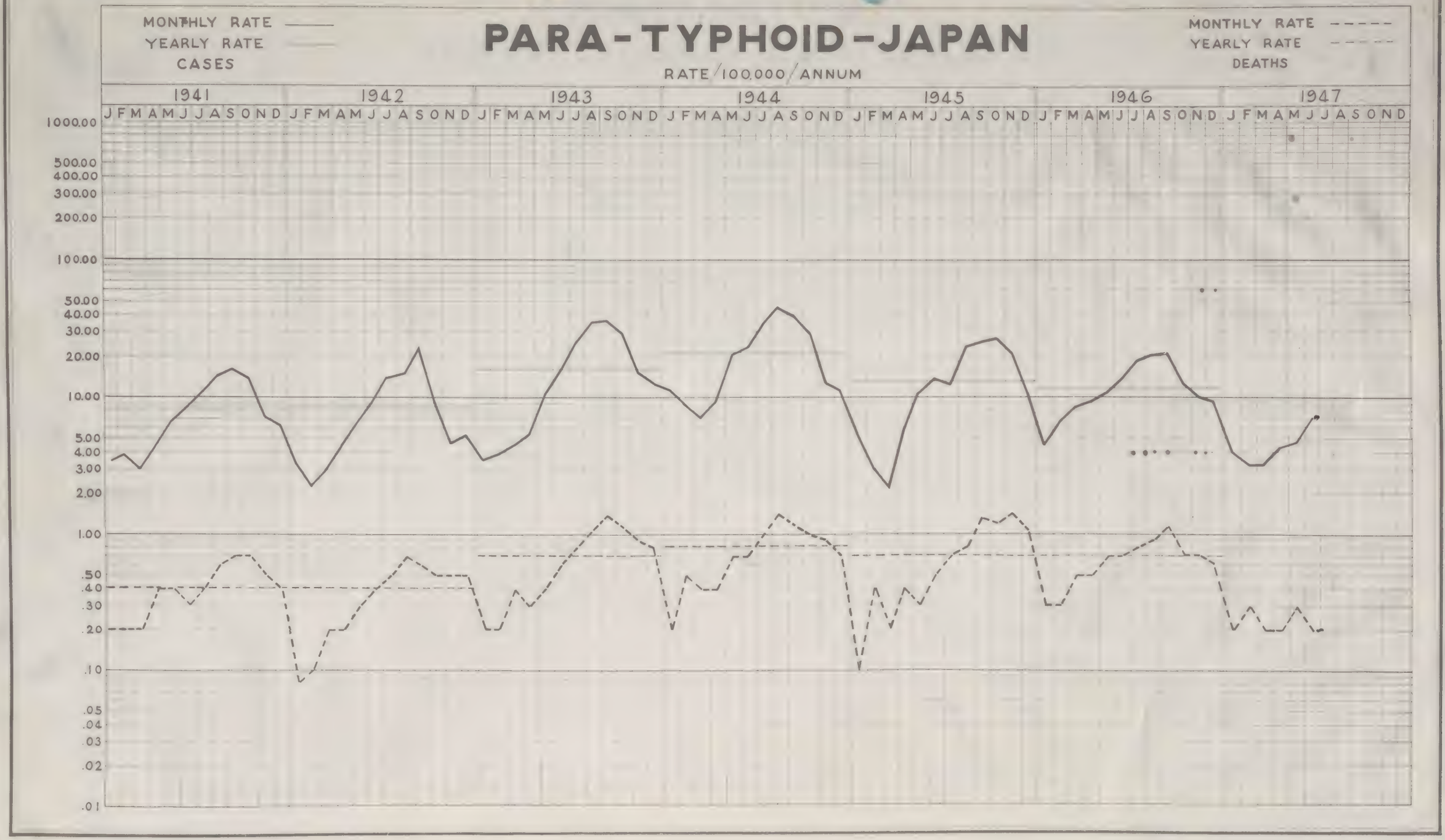
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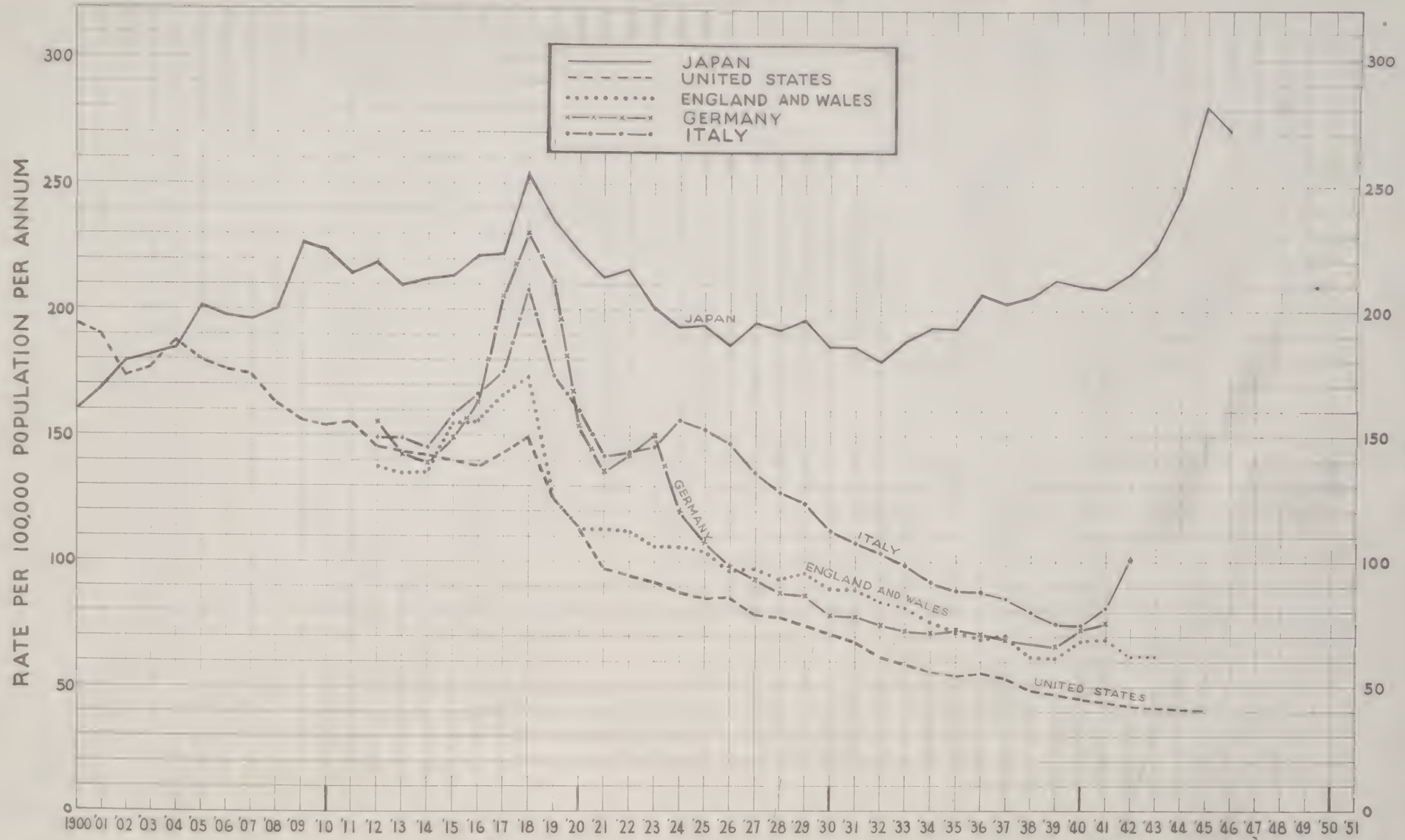
COMPARATIVE TUBERCULOSIS DEATH RATES



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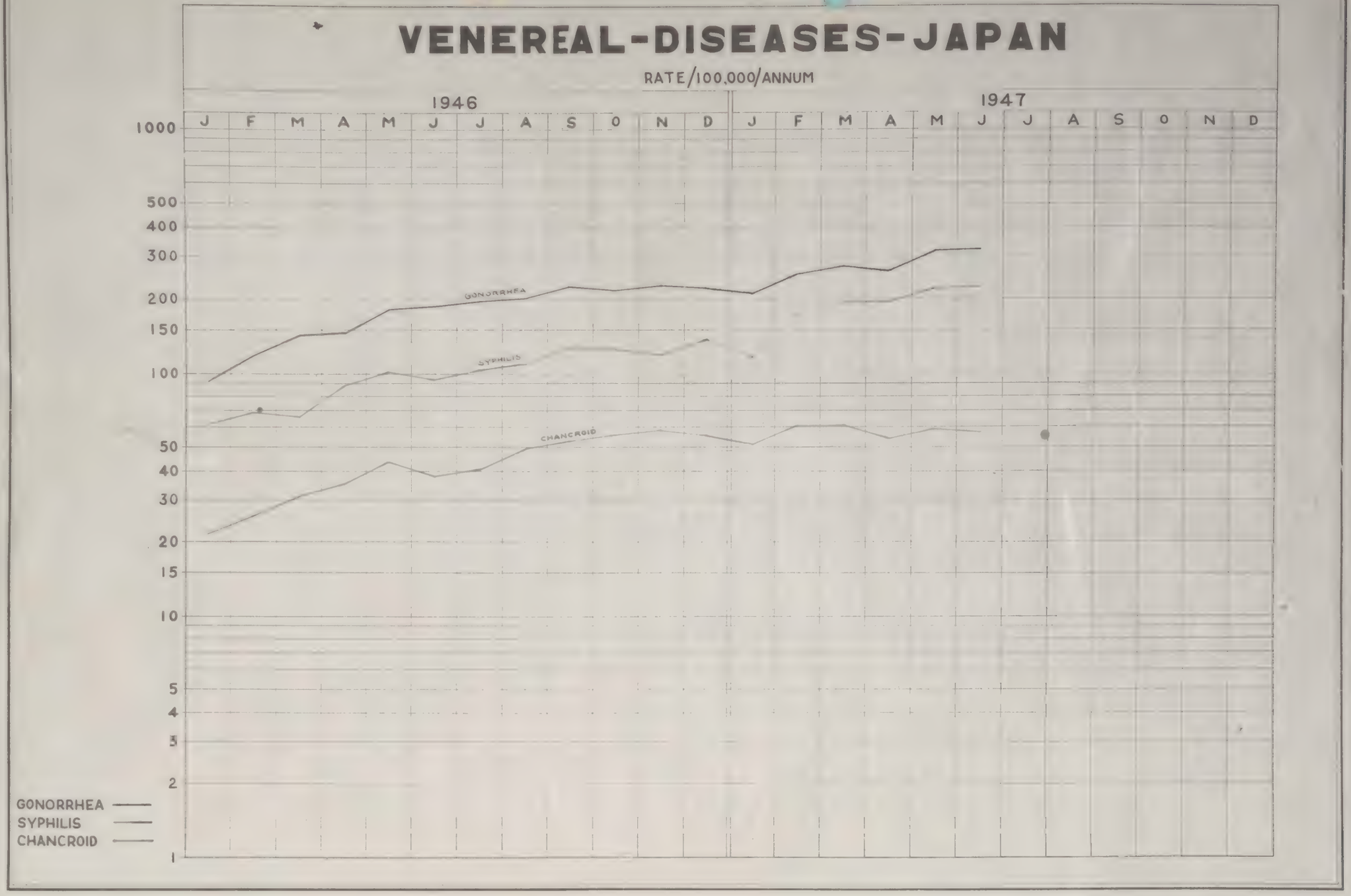
VENEREAL-DISEASES-JAPAN



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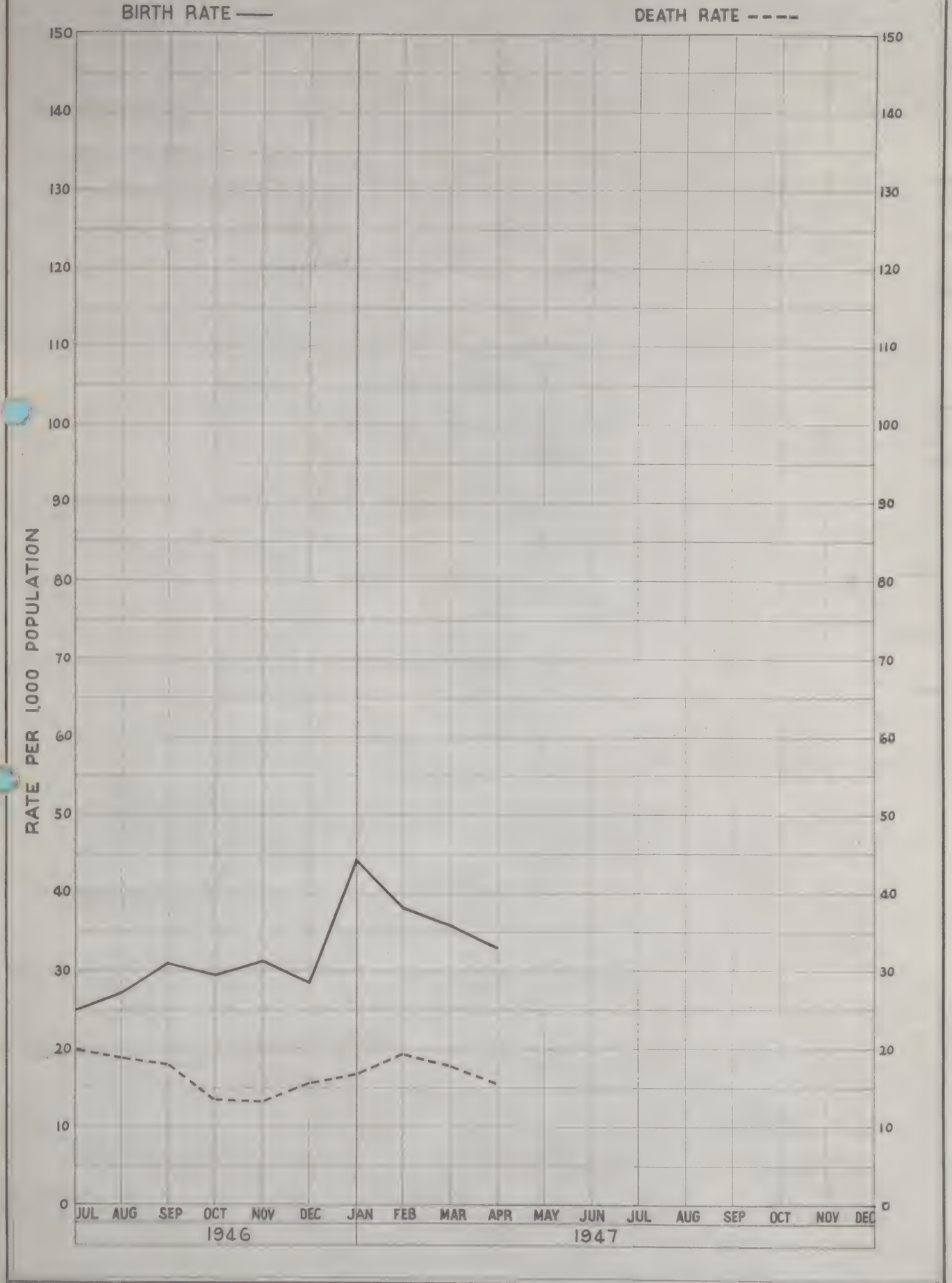
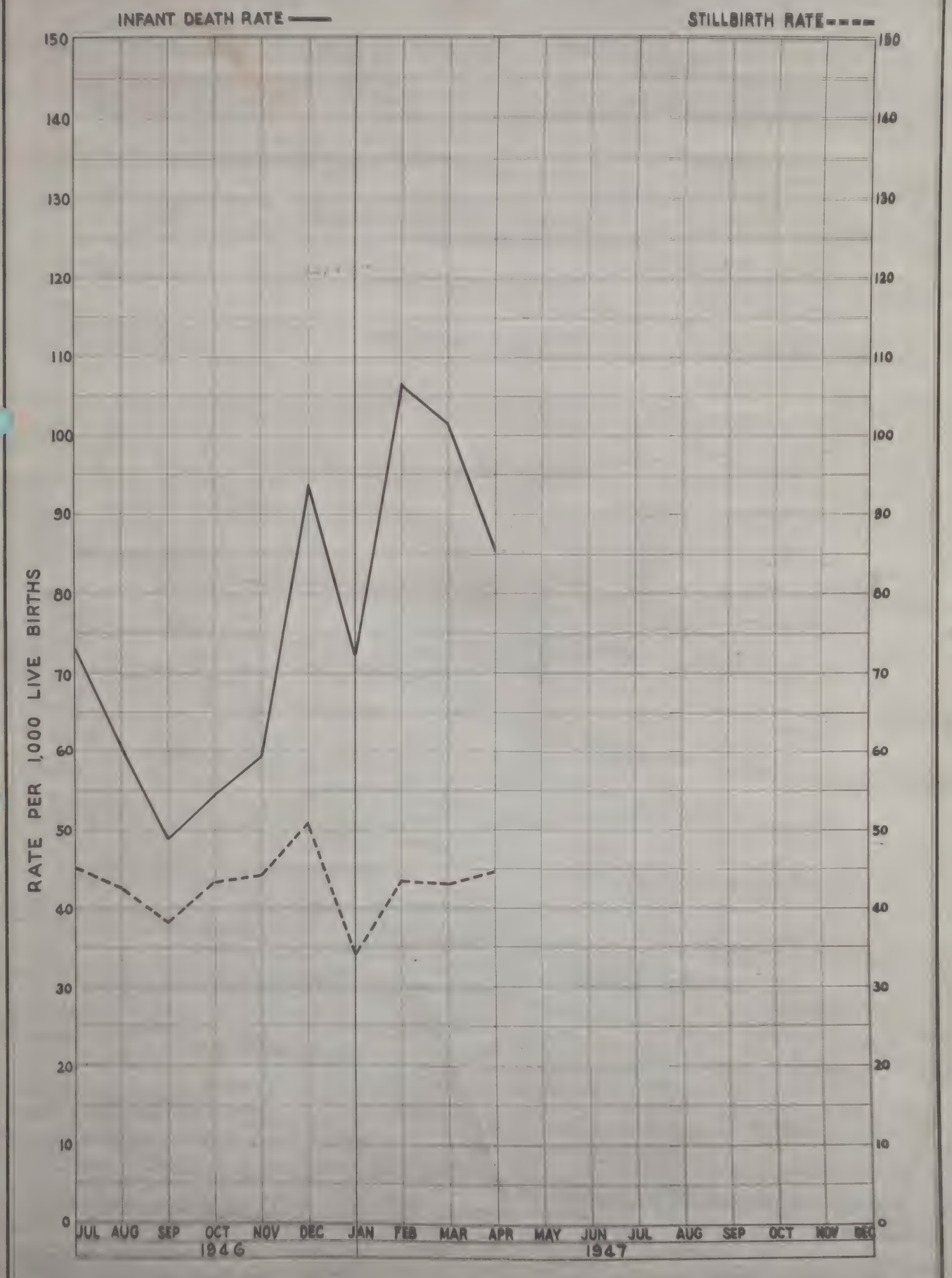
BIRTH AND DEATH RATES
JAPAN, 1946-1947



INFANT DEATH AND STILLBIRTH RATES
JAPAN, 1946-1947



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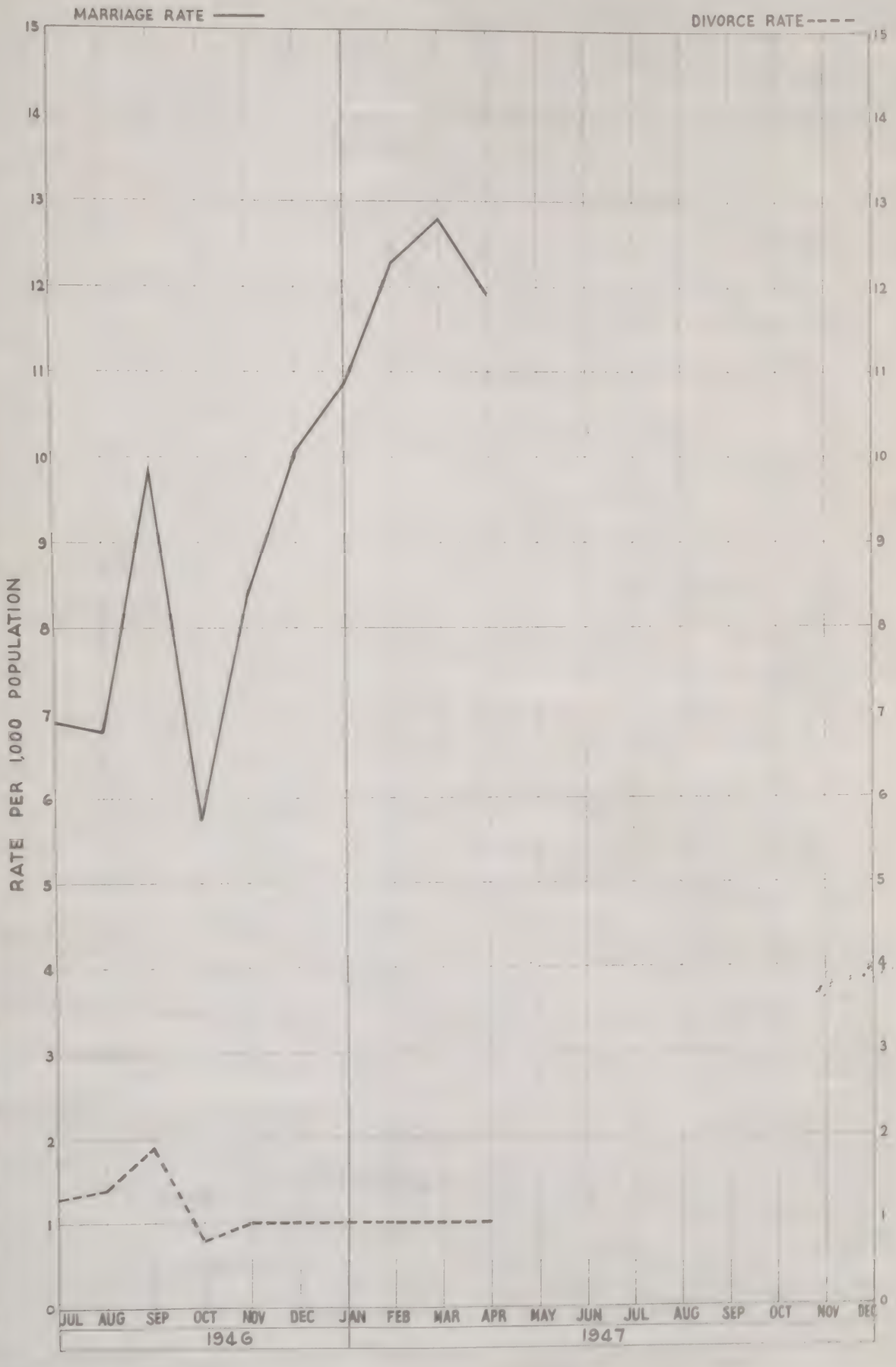
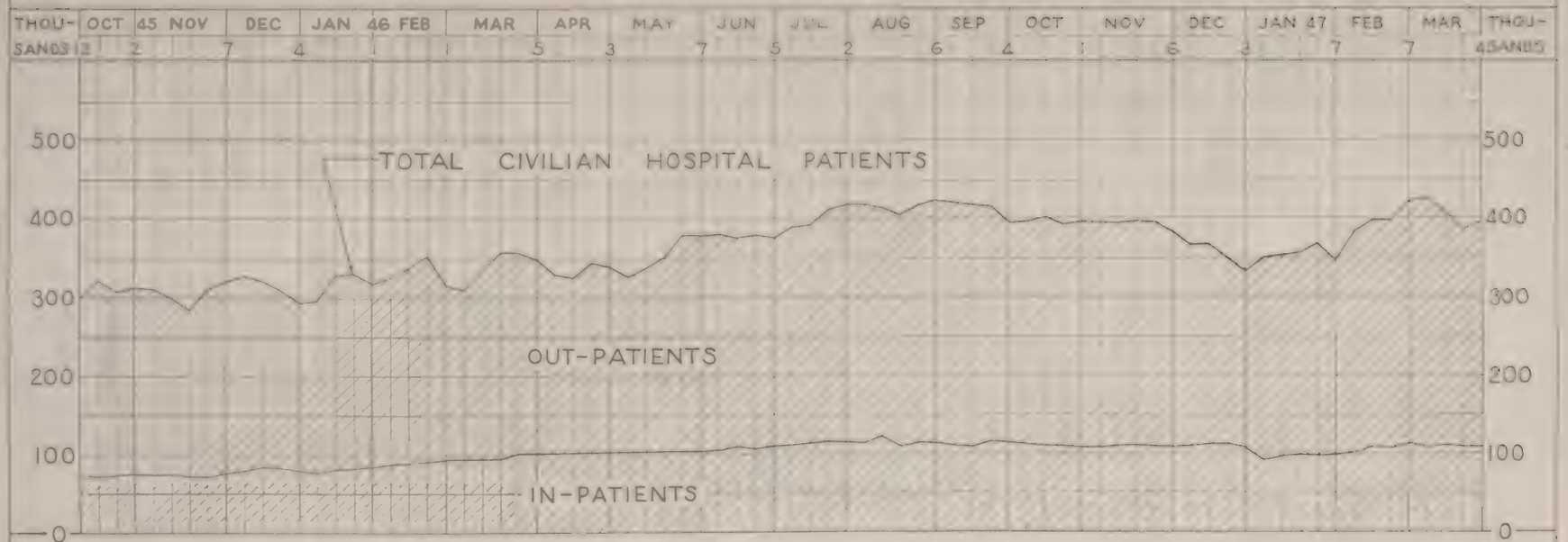
MARRIAGE AND DIVORCE RATES
JAPAN, 1946-1947

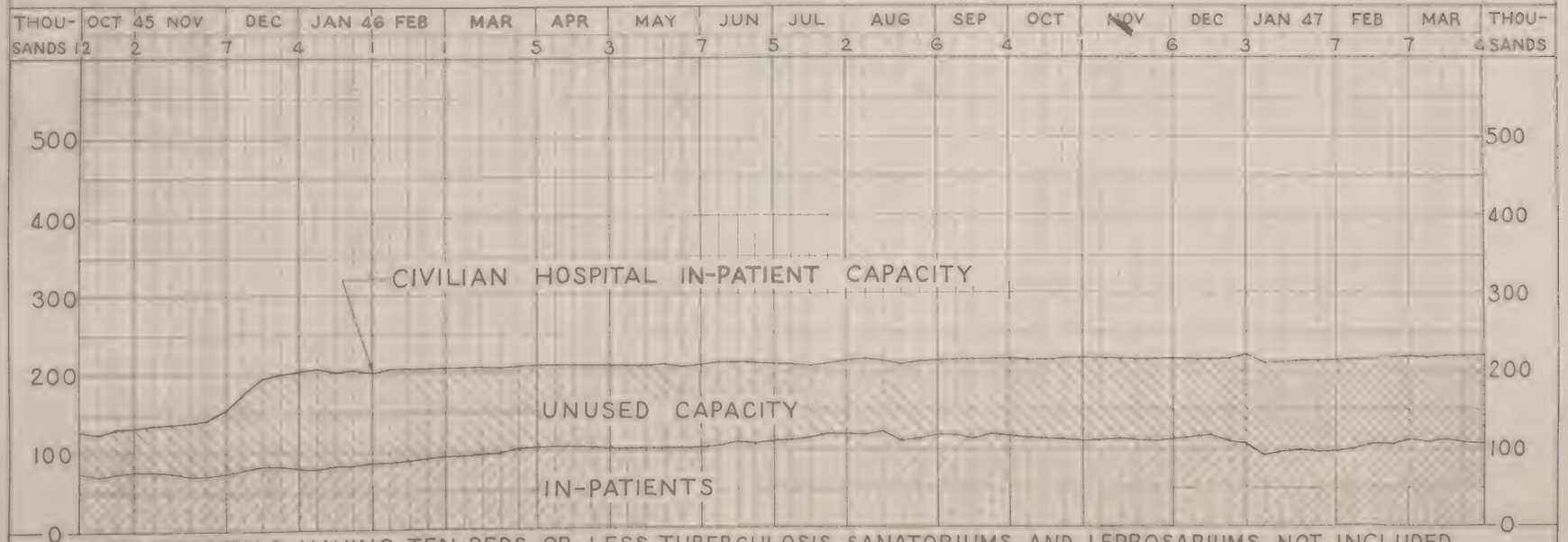


#13

CIVILIAN HOSPITAL PATIENTS

JAPAN-WEEKLY SINCE 12 OCTOBER 1945





NOTE: HOSPITALS HAVING TEN BEDS OR LESS, TUBERCULOSIS SANATORIUMS AND LEPROSARIUMS NOT INCLUDED IN THIS REPORT

SOURCE: MINISTRY OF WELFARE.

NOVEMBER 1946

RESULTS OF NUTRITION SURVEYS - JAPAN - 1946 - 1947

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

TOKYO

	Nutrients in Grams and Calories per Capita per Day				
	Dec. 45	May 46	Aug. 46	Nov. 46	Feb. 47
Number	16,020	13,097	13,368	13,299	13,316
Pop. Ratio					
Adult Unit No. persons	0.875	0.822	0.829	0.828	0.834
Protein					
Animal	13.6	12.9	18.4	14.5	16.4
Vegetable	50.6	37.8	52.9	42.0	41.5
Total	64.2	50.7	71.3	56.5	57.9
Fat	--	13.3	20.3	13.7	10.2
Carbohydrate	--	248.7	329.0	413.0	388.2
Calories					
Ration	1080	775	1276	1342 *	934
Free Market	787	495	430	574	924
Home Production	23	20	75	86	19
Gift	81	62	47	49	44
Total	1971	1352	1828	2051	1921

* Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.

Source: Japanese Government.

#15

TOKYO

Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys-Japan-1946

	10 families only Dec. 45	May 46	Aug. 46	Nov. 46	Feb. 47
Grains					
Rice	256	214.4	56.1	269.6	258.6
Wheat	38	87.5	281.9	45.1	47.1
Barley			23.5	10.9	5.1
Others	11	8.9	7.7	2.2	1.6
Total	305	310.8	369.2	327.8	339.4
Nuts, Etc.	--	0.3	0.2	0.7	0.3
Potatoes					
Sweet	433	30.8	6.2	503.0	394.3
White	13	24.7	110.5	20.9	28.5
Others	6	8.1	0.2	30.0	11.2
Total	452	63.6	116.9	553.9	434.0
Sugars	--	0.8	1.0	0.8	1.2
Oils	--	1.7	6.1	2.0	1.8
Legumes					
Soya	13	) 27.8	1.2	1.3	1.5
Soya products	24	)	12.5	13.3	16.2
Other beans	2	3.9	3.2	4.1	2.3
Total	39	31.7	16.9	18.7	20.0
Animal Foods					
Fish	52	109.5	55.3	52.5	60.5
Meat, Poultry	--	2.1	29.5	11.0	5.8
Eggs	--	1.3	1.5	1.3	1.6
Milk	--	1.0	0.7	0.7	0.6
Total	52	113.9	87.0	65.5	68.5
Leafy, Green and Yellow Vegetables	101	130.4	201.9	93.8	69.3
Other Fruits and Vegetables					
Citrus, Tomatoes	18	1.5	66.1	5.3	4.3
Other Fruits	--	--	10.5	8.0	1.5
Other Vegetables	193	71.2	160.5	137.9	138.7
Total	211	72.7	237.1	151.2	144.5
Seaweeds	--	17.1	2.6	8.0	5.5
Processed Veg.					
Dried	4	4.5	0.5	1.1	1.1
Pickled	--	10.9	28.2	29.2	47.2
Total	4	15.4	28.7	30.3	48.3
Flavours	12	17.4	47.3	19.5	16.8
Others		4.3			1.5

RESULTS OF NUTRITION SURVEYS - JAPAN - EIGHT CITIES*- 1946

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day

EIGHT CITIES

	Feb. 46 (4 Cities)	May 46	Aug. 46	Nov. 46	1947 Feb.	1926 Cities (2)
Number	13,810	22,135	21,744	21,681	21,803	19,375
Pop. Ratio						
Adult Unit No. persons	0.812	0.815	0.819	0.823	0.821	(0.823)
Protein						
Animals	15.6	18.6	10.3	16.3	14.1	16
Vegetables	45.0	42.5	45.5	43.9	46.4	41
Total	60.6	61.1	55.8	60.2	60.5	57
Fat	--	13.7	12.7	12.7	12.2	17
Carbohydrate	--	303.6	294.2	395.0	372.9	430
Calories				(1)		
Ration	1092	1077	807	1157	1216	
Free Market	443	423	575	667	567	
Home Production	53	54	129	103	62	
Gift	89	59	56	41	39	
Total	1677	1613	1567	1968	1884	2122

(1) Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.

(2) Average results from nutrition surveys on 4784 families of various incomes conducted by the Japanese Imperial Government, Octob r and May in 1926. The data include studies on salaried workers, officials, bank employees, teachers, policemen, factory workers, miners, transportation workers, and day laborers.

* Included in Eight Cities are Nagoya, Osaka, Kure, Fukuoka, Sapporo, Sendai, Kanazawa and Matsuyama.

#16

Grams of Various Classes of Food continued per Capita per Day from Nutrition Surveys - Japan - Eight Cities

EIGHT CITIES

	Feb. 46	May 46	Aug.46	Nov.46	1947 Feb.	1926
Grains						
Rice	No Data	286.8	99.6	199.9	328.9	418
Wheat		57.5	158.2	76.3	65.0	11
Barley			37.3	21.8	9.8	
Others		7.9	13.3	5.9	3.4	25
Total		352.2	308.4	303.9	407.1	454
Nuts, Etc.		0.03	0.3	0.3	0.03	
Potatoes						
Sweet		10.5	11.7	458.4	110.5	
White		41.8	142.1	43.0	39.7	
Others		5.6	0.3	35.5	13.7	
Total		57.9	154.1	536.9	163.9	
Sugars		0.2	0.4	1.0	1.1	(1)
Oils		1.7	2.5	1.6	1.5	41 (candies & cakes)
Legumes						
Soya		22.2	4.5	1.5	3.6	
Soya products			16.5	19.0	26.4	
Other beans		18.6	3.7	5.4	3.0	(2)
Total		40.8	24.7	25.9	33.0	16
Animal Foods						
Fish		81.0	34.6	70.7	67.0	63
Meat, Poultry		3.3	8.2	8.6	6.0	7
Eggs		2.0	1.8	0.9	2.0	6
Milk		1.3	2.0	2.1	1.2	11
Total		87.6	46.6	82.3	76.2	87
Leafy, Green & Yellow Vegetables		125.2	206.5	109.6	65.1	Under other veg
Other Fruits & Vegetables						
Citrus, Tomatoes		1.1	26.0	6.9	7.1	
Other Fruits		0.2	14.8	16.2	3.8	38
Other Vegetables		128.8	214.7	240.1	223.6	200
Total		130.1	255.5	263.2	234.5	238
Seaweeds		8.1	6.7	6.0	9.9	
Processed Vegetables						(3)
Dried		4.1	1.1	0.3	5.9	5
Pickled		25.5	19.7	38.1	59.5	89
Total		29.6	20.8	38.4	65.4	94
Flavours		18.7	16.7	24.9	35.9	77
Others		4.4				

(1) Sugars and oils included in "flavours."
(2) Beans only. Miso and shoyu included in "flavours," tofu with pickled vegetables.

RESULTS OF NUTRITION SURVEYS - JAPAN - 1946-1947

27 Prefectures (1)

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day

Nutrients in Grams and Calories per Capita per Day

	Feb. 46 19 Pref.	May 46	Aug. 46	Nov. 46	1947 Feb.	Rural 1926 (2)
Number	37,836	49,609	49,436	48,759	48,206	3913
Pop. Ratio Adult Unit No. persons	0.818	0.893	0.876	0.912	0.840	(0.894)
Protein						
Animal	4.8	6.9	5.4	7.0	5.7	12
Vegetable	47.8	53.0	54.4	55.5	53.3	76
Total	52.6	59.9	59.8	62.5	59.0	88
Fat	--	12.8	12.2	11.9	10.4	16
Carbohydrate	--	395.2	394.4	481.4	446.4	588
Calories						
Ration	233	445	328	218	169	
Free Market	75	72	73	85	72	
Home Production	1613	1486	1563	2039	1914	
Gift	31	19	14	14	10	
Total	1952	2022	1978	2356	2165	2919

(1) 27 Prefectures surveyed are: Ibaraki, Tochigi, Gumma, Saitama, Chiba, Tokyo, Kanagawa, Shizuoka, Aichi, Shiga, Kyoto, Osaka, Hyogo, Wakayama, Okayama, Hiroshima, Fukuoka, Saga, Kumamoto, Hokkaido, Iwate, Miyagi, Toyama, Ishikawa, Fukui, Ehime and Kochi.

(2) Average results from nutrition surveys on 670 families with various incomes conducted by the Japanese Imperial Government, October to May, 1926. The data include studies on independent farmers who both own and rent land and farmers who rent land.

Source: Japanese Government.

#17

27 Prefectures

Grams of Various Classes of Food Consumed per Capita per day from Nutrition Surveys - Japan - 1946-1947

	Feb, 1946	May 46	Aug 46	Nov 46	1947 Feb	Rural 1926
Grains	No Data					
Rice		316.1	202.9	298.4	381.0	552
Wheat		)130.1	84.2	35.8	24.9)	63
Barley		)	118.9	76.9	43.5)	
Others		16.8	26.6	18.9	17.6	37
Total		463.0	432.6	430.0	467.0	652
Nuts, Etc.		0.3	0.13	0.7	0.2	
Potatoes						
Sweet		69.0	7.8	446.6	207.2	
White		63.4	198.6	29.2	40.5	
Others		22.3	7.7	60.3	26.4	
Total		154.7	214.1	536.1	274.1	
Sugars		0.1	0.04	0.4	0.5	21 (1)
Oils		0.4	1.0	0.7	0.5	
Legumes						
Soya		) 43.4	1.5	3.3	4.4	
Soya products		)	36.6	42.1	42.2	
Other beans		4.8	6.1	4.2	3.1	(2)
Total		48.2	44.2	49.6	49.6	39
Animal Foods						
Fish		28.1	17.4	27.2	22.1	44
Meat, Poultry		0.9	2.3	2.3	1.8	3
Eggs		1.6	1.3	0.5	1.1	3
Milk		5.2	5.7	2.3	0.8	3
Total		35.8	26.7	32.3	25.8	53
Leafy, Green & Yellow Vegetables		117.0	194.2	131.6	76.1	
Other Fruits & Vegetables						
Citrus, Tomatoes		0.8	29.7	1.7	6.6	
Other Fruits		0.5	25.0	8.8	0.8	33
Other Vegetables		67.0	164.3	167.9	200.7	292
Total		68.3	219.0	178.4	208.1	325
Seaweeds		6.1	1.4	2.9	1.6	
Processed Vegetables						(3)
Dried		4.3	0.4	0.5	3.8	5
Pickled		48.9	69.7	75.1	87.9	89
Total		53.2	70.1	75.6	91.7	94
Flavours		10.1	14.7	13.3	18.7	104
Others		3.1				

(1) Sugars and oils are included with "flavours."
(2) Beans only. Miso and shoyu are included in "flavours." Tofu included under processed vegetables (pickled).
(3) Includes other dried foods.

Nutritive value of food consumed in Japan 1946 - 1947 from Nutrition Surveys.
(Public Health and Welfare Section, SCAP)

		Calories	Protein grams	Fat grams	Carbo-hydrates grams	Ca mgm	Fe mgm	Vitamins A I U	B_1 mgm	B_2 mgm	C mgm
8 Cities	May 46	1613	61.1	13.7	304	365	52	5720	2.42	.78	147
	Aug 46	1567	55.8	12.7	294	252	67	8895	1.55	.88*	216
	Nov 46	1968	60.2	12.7	395	339	75	6089	1.82	.94*	269
	Feb 47	1918	65.9	14.0	412	256	42	2239	1.41	.61	128
	May 47	1781	63.4	14.1	338	220	38	3303	1.37	.63	118
27 Pref.	May 46	2022	59.9	12.8	395	292	58	5661	1.96	.84	119
	Aug 46	1978	59.8	12.2	394	273	76	7898	1.85	.97*	204
	Nov 46	2356	62.5	11.9	481	309	86	5594	2.25	.99*	254
	Feb 47	2179	57.6	10.6	456	254	45	2396	1.55	.70	154
	May 47	2052	56.0	11.8	423	238	37	2574	1.51	.63	123
Coal Mines	May 46	1816	61.4	10.0	350	327	35	10470	1.39	.80	220
	Aug 46	2010	71.9	14.4	381	312	71	14435	1.94	1.07*	257
	Nov 46	2425	75.0	16.1	465	375	63	7867	2.04	1.05*	240
	Feb 47	2025	64.1	14.9	409	234	39	1804	1.33	.64	85
	May 47	2005	64.2	14.8	398	252	32	4590	1.56	.70	137

* Increased vitamin B_2 intake due to increased consumption of white potatoes and leafy green and yellow vegetables in August 1946 and sweet potatoes and leafy green and yellow vegetables in November 1946.

#18

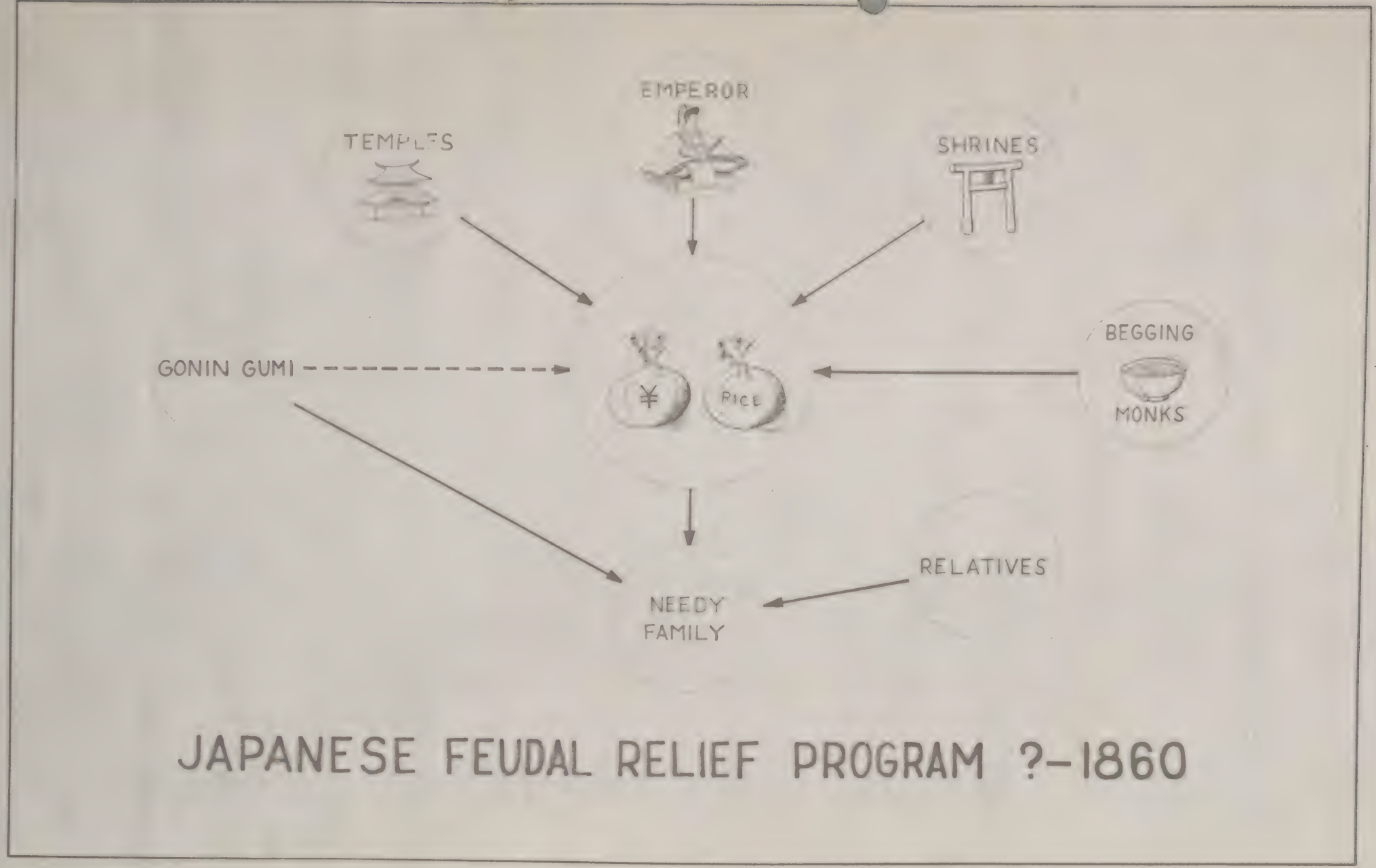
Changes in Body Weight and Clinical Symptons

Average percentage of individuals observed in Nutrition Surveys with:

a. Body weights more than 10% less than the Japanese Standard and
b. With one or more symptons associated with nutritional deficiency.

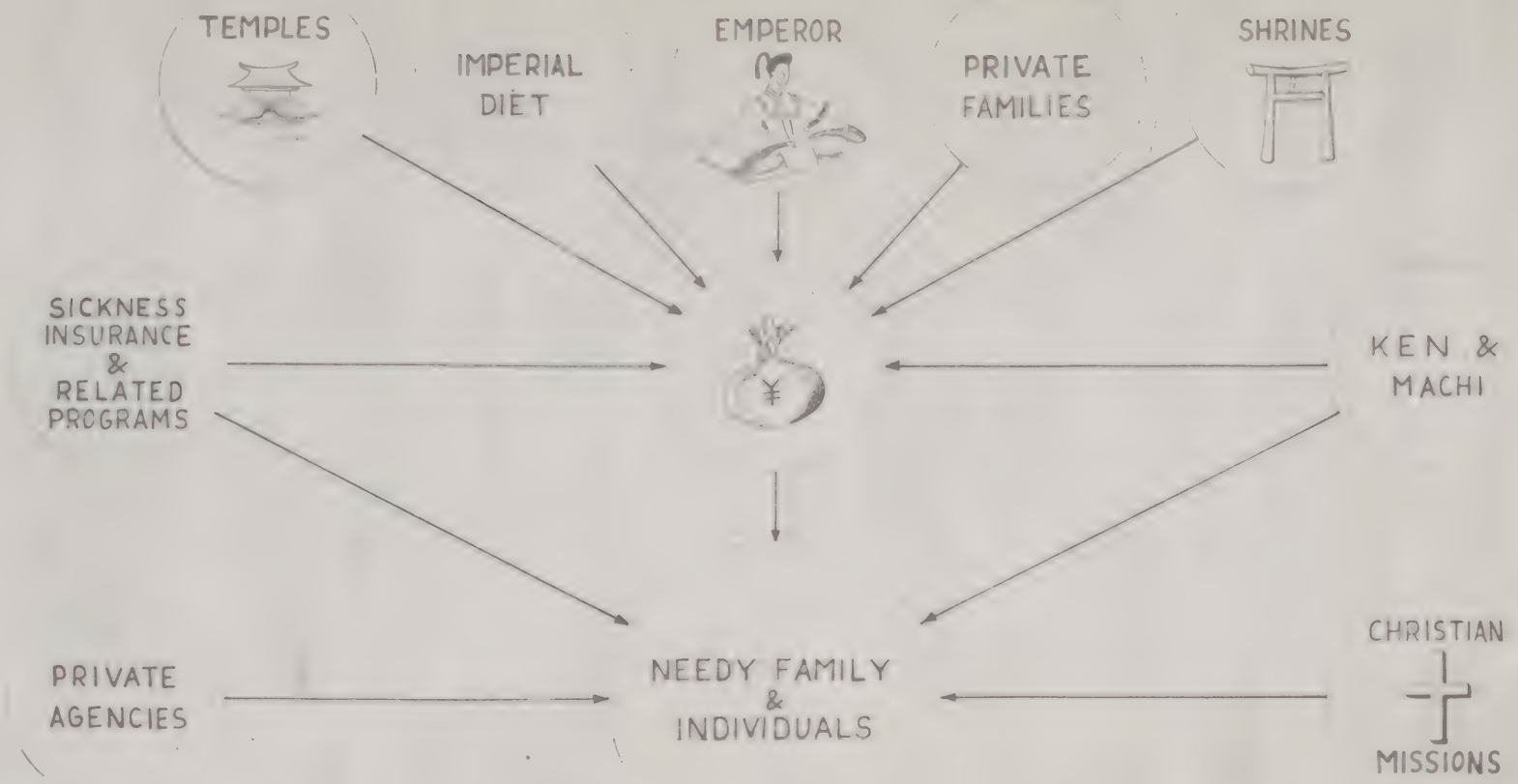
	Body Weights						One or More Symptons		
	Tokyo		Eight Cities		27 Prefectures		Tokyo	Eight Cities	27 Prefectures
	Percent	Av. weight less Kg	Percent	Av. weight less Kg	Percent	Av. weight less Kg			
Feb 46	-	-	21.0	-	13.1	-	-	-	-
May 46	28.2	6.7	20.7	6.8	13.8	6.3	36.4	37.8	28.9
Aug 46	29.9	7.0	28.3	6.9	18.4	6.5	29.4	30.6	27.6
Nov 46	19.8	5.8	17.6	6.4	12.4	6.0	27.0	26.0	27.7
Feb 47	20.1	5.9	16.1	6.0	10.2	5.7	22.3	22.3	25.6
May 47	14.4	5.7	15.4	6.1	10.9	5.6	20.6	24.9	24.9

#19



JAPANESE FEUDAL RELIEF PROGRAM ?-1860

#20

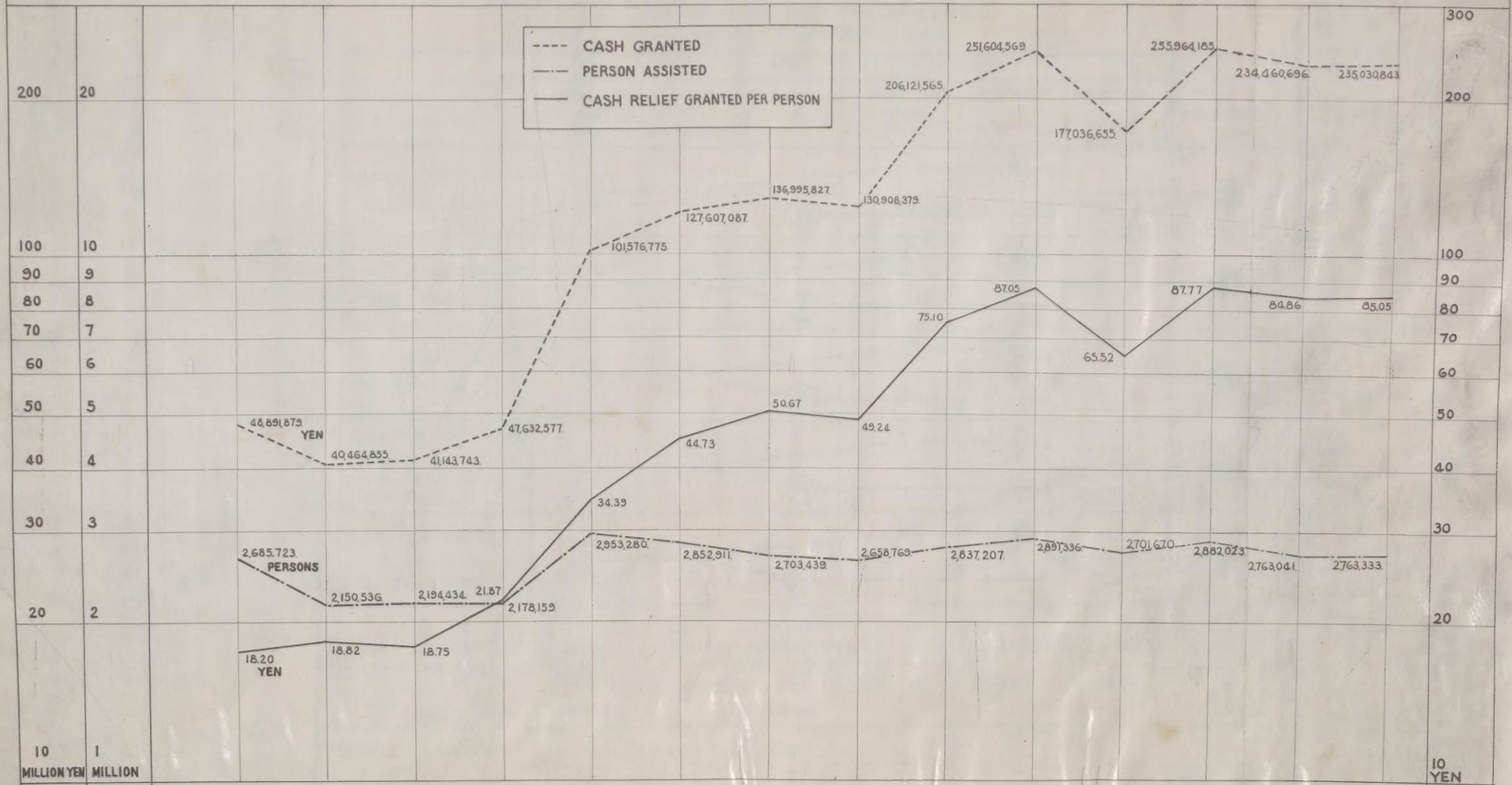


JAPANESE CURRENT PROGRAM OF WELFARE

#21

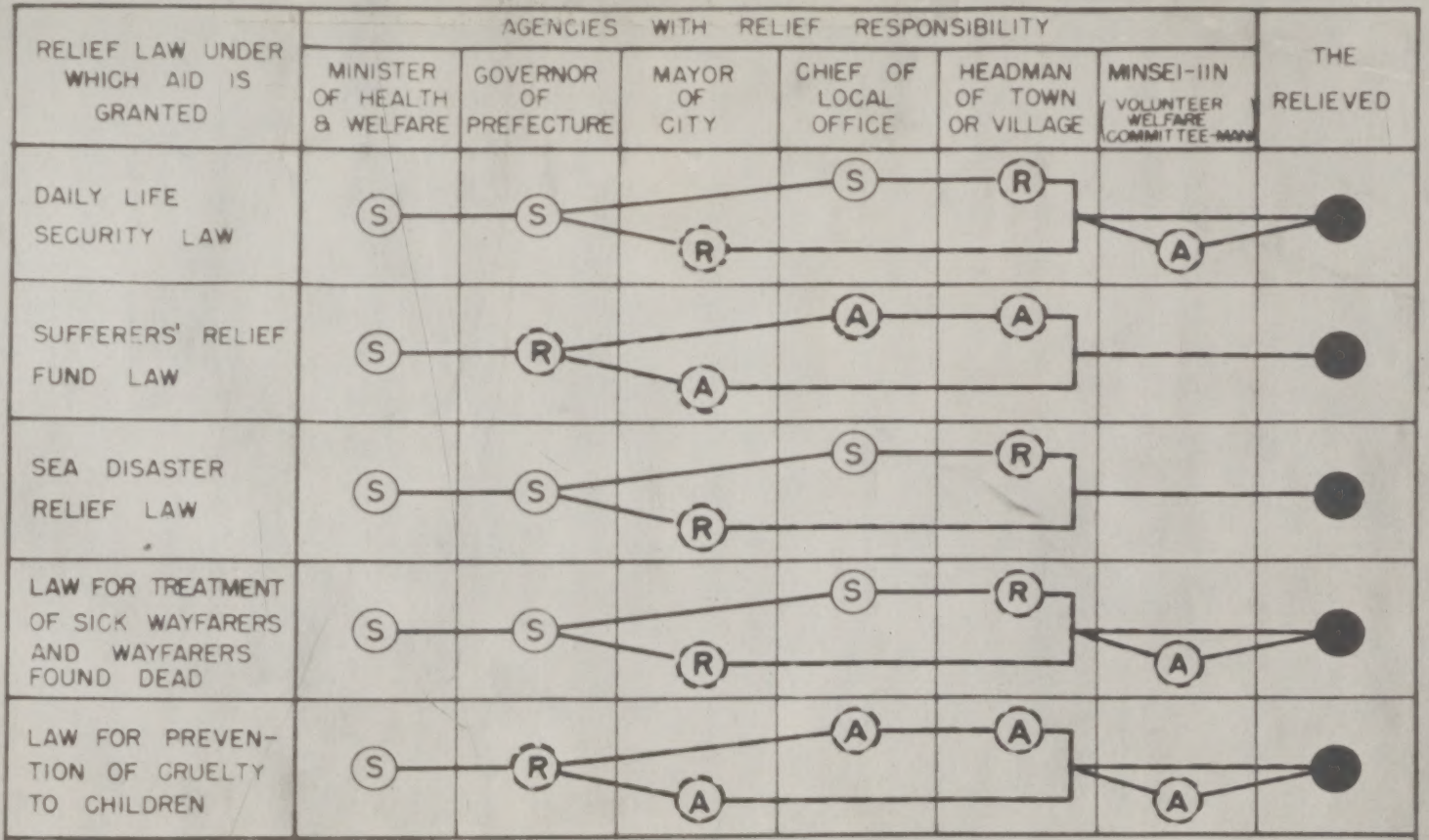
PUBLIC ASSISTANCE

APRIL 1946 THROUGH MAY 1947



RELIEF ORGANIZATION

UNDER EXISTING RELIEF LAWS
JAPAN—OCTOBER 1946



SOURCE MINISTRY OF HEALTH AND WELFARE.

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